

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

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

Rob Andrews U.S. House Committee

ADDRESS (number and street)
▼

215 Fourth Ave

☐Check if different
than previously
reported. (ACC)

Haddon Heights

NJ

08035

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00243428

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)

NJ

01

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

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☒

October 15 Quarterly Report (Q3)

☐

January 31 Year-End Report (YE)

☐

Termination Report (TER)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of(c) 30-Day **POST**-Election Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2007

through

09

30

2007

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

Type or Print Name of Treasurer

Ms. Maureen A. Doherty

Signature of Treasurer

Electronically Filed by Ms. Maureen A. Doherty

Date

08

13

2008

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

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Rob Andrews U.S. House Committee

Report Covering the Period:

From:

M M
0 7D D
0 1Y Y Y Y
2 0 0 7

To:

M M
0 9D D
3 0Y 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)).....	310204.29	827700.12
(b) Total Contribution Refunds (from Line 20(d)).....	2241.40	2241.40
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	307962.89	825458.72
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	139747.45	534218.25
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	8677.54
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	139747.45	525540.71
8. Cash on Hand at Close of Reporting Period (from Line 27).....	2429649.07	
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 12/2003)

Page 3

Write or Type Committee Name

Rob Andrews U.S. House Committee

Report Covering the Period:

From:

M M
0 7D D
0 1Y Y Y Y
2 0 0 7

To:

M M
0 9D D
3 0Y 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).....

148935.00

470691.83

(ii) Unitemized.....

0.00

0.00

(iii) TOTAL of contributions
from individuals..... ▶

148935.00

470691.83

(b) Political Party Committees.....

1000.00

1000.00

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

160269.29

356008.29

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))

310204.29

827700.12

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.).....

0.00

8677.54

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

20856.92

80047.32

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

331061.21

916424.98

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	139747.45	534218.25
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.....	2241.40	2241.40
(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)).....	2241.40	2241.40
21. OTHER DISBURSEMENTS.....	17675.00	171443.46
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	159663.85	707903.11

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2258251.71
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	331061.21
25. SUBTOTAL (add Line 23 and Line 24).....	2589312.92
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	159663.85
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2429649.07

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

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

FOR LINE NUMBER: PAGE 5 / 307

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Richard Alaimo

Mailing Address 218 High St

City

Mount Holly

State

NJ

Zip Code

08060-1404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alaimo Group

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 Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: C5323

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)

John Allen

Mailing Address 19 Red Fox Trl

City

Sicklerville

State

NJ

Zip Code

08081-3709

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

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

Transaction ID: C5293

Amount of Each Receipt this Period

100.00

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

C.

Full Name (Last, First, Middle Initial)

Frank Banko

Mailing Address 2131 Hanover Ave

City

Allentown

State

PA

Zip Code

18109-2402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Banko Real estate

Occupation

president

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
0 9 / 2 8 / 2 0 0 7

Transaction ID: C5383

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)

2600.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

bruce bastian

Mailing Address 1384 N 450 E

City

Orem

State

UT

Zip Code

84097-6238

FEC ID number of contributing
federal political committee.

C

Name of Employer
noneOccupation
retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	1	/	2	0	0	7

Transaction ID: C5424

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)

John Beckerman

Mailing Address 416 Edgemoor Dr

City

Moorestown

State

NJ

Zip Code

08057-3404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rutgers Law SchoolOccupation
Dean

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	8	/	3	1	/	2	0	0	7

Transaction ID: C5473

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)

William Berk

Mailing Address 7360 SW 133rd Ter

City

Miami

State

FL

Zip Code

33156-6834

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfOccupation
attorney

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	8	/	3	1	/	2	0	0	7

Transaction ID: C5489

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Paul Bontempo

Mailing Address 212 W State St

City

Trenton

State

NJ

Zip Code

08608-1002

FEC ID number of contributing
federal political committee.

C

Name of Employer
MBI Gluck Shaw

Occupation

governemnt Relations

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5257

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)

howard Bovers

Mailing Address 2405 Lexington Ave

City

New York

State

NY

Zip Code

10174

FEC ID number of contributing
federal political committee.

C

Name of Employer
best efforts

Occupation

best efforts

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5563

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)

Joanne Breitzman

Mailing Address 5 Nottingham Dr

City

Sicklerville

State

NJ

Zip Code

08081-9373

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

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

Transaction ID: C5358

Amount of Each Receipt this Period

50.00

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

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

John Bruno

Mailing Address 111 E Miami Ave

City

Cherry Hill

State

NJ

Zip Code

08034-2049

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

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

Transaction ID: C5276

Amount of Each Receipt this Period

200.00

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

B.

Full Name (Last, First, Middle Initial)

Vincent Cangelosi

Mailing Address 407 Hillside Ave

City

Haddon Heights

State

NJ

Zip Code

08035-1147

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: C5541

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)

Robert Capanna

Mailing Address 1424 S Broad St

City

Philadelphia

State

PA

Zip Code

19146-4808

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C5431

Amount of Each Receipt this Period

100.00

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

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 9 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

James Carl

Mailing Address 316 Chews Landing Rd

City

Haddonfield

State

NJ

Zip Code

08033-3840

FEC ID number of contributing
federal political committee.

C

Name of Employer
Archer & Greiner

Occupation
attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C5350

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)

Nicholas G. Cavarocchi

Mailing Address 316 Pennsylvania Avenue SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing
federal political committee.

C

Name of Employer
CRD Assoc LLC

Occupation
partner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5380

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)

Robert Chambers

Mailing Address 333 S Canterbury Rd

City

Charlotte

State

NC

Zip Code

28211-1839

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C5339

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Teresa Champagne

Mailing Address 12336 Thunder Bay Ct

City

Indianapolis

State

IN

Zip Code

46236-9298

FEC ID number of contributing
federal political committee.

C

Name of Employer
ITT Educational Services

Occupation

CEO

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: C5457

Amount of Each Receipt this Period

2000.00

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

B.

Full Name (Last, First, Middle Initial)

hsing chang

Mailing Address 44 Saratoga Dr

City

Princeton Jct

State

NJ

Zip Code

08550-2936

FEC ID number of contributing
federal political committee.

C

Name of Employer
best efforts

Occupation

best efforts

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C5420

Amount of Each Receipt this Period

300.00

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

C.

Full Name (Last, First, Middle Initial)

lawrence chen

Mailing Address best effort

City

Best Effort

State

NJ

Zip Code

00000

FEC ID number of contributing
federal political committee.

C

Name of Employer
best efforts

Occupation

best efforts

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C5416

Amount of Each Receipt this Period

100.00

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

SUBTOTAL of Receipts This Page (optional)

2400.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 11 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

sean chen

Mailing Address 18 Rollingwood Dr

City

Voorhees

State

NJ

Zip Code

08043-2810

FEC ID number of contributing
federal political committee.

C

Name of Employer
best efforts

Occupation
best efforts

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C5403

Amount of Each Receipt this Period

25.00

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

B.

Full Name (Last, First, Middle Initial)

sean chen

Mailing Address 18 Rollingwood Dr

City

Voorhees

State

NJ

Zip Code

08043-2810

FEC ID number of contributing
federal political committee.

C

Name of Employer
best efforts

Occupation
best efforts

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C5404

Amount of Each Receipt this Period

25.00

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

C.

Full Name (Last, First, Middle Initial)

Shiow Chen

Mailing Address 161 Brewster Dr

City

Galloway

State

NJ

Zip Code

08205-6641

FEC ID number of contributing
federal political committee.

C

Name of Employer
best efforts

Occupation
best efforts

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C5413

Amount of Each Receipt this Period

50.00

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

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 12 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Hsien Cheng

Mailing Address 40 Hastings Rd

City

Belle Mead

State

NJ

Zip Code

08502-5336

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C5419

Amount of Each Receipt this Period

200.00

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

B.

Full Name (Last, First, Middle Initial)

Y.L. cho

Mailing Address 5 lynford Rd

City

Cherry Hill

State

NJ

Zip Code

08003

FEC ID number of contributing
federal political committee.

C

Name of Employer
best efforts

Occupation

best efforts

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C5409

Amount of Each Receipt this Period

50.00

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

C.

Full Name (Last, First, Middle Initial)

Y.L. cho

Mailing Address 5 lynford Rd

City

Cherry Hill

State

NJ

Zip Code

08003

FEC ID number of contributing
federal political committee.

C

Name of Employer
best efforts

Occupation

best efforts

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C5410

Amount of Each Receipt this Period

50.00

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

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 13 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

In Su Chon

Mailing Address 551 Marshall Mill Rd

City

Franklinville

State

NJ

Zip Code

08322-2030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Federation of Korean Amer-
ican

Occupation
member

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C5395

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)

Theodore christakos

Mailing Address 251 Crandon Blvd
A402

City

Miami

State

FL

Zip Code

33149-1503

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Cormac Group

Occupation
executive

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
0 9 / 1 4 / 2 0 0 7

Transaction ID: C5463

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)

Theodore christakos

Mailing Address 251 Crandon Blvd
A402

City

Miami

State

FL

Zip Code

33149-1503

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Cormac Group

Occupation
executive

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
0 9 / 1 4 / 2 0 0 7

Transaction ID: C5464

Amount of Each Receipt this Period

200.00

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

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Elizabeth Cline

Mailing Address 1606 E Calle De Caballos

City

Tempe

State

AZ

Zip Code

85284-2410

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Refrigeration School

Occupation
executive

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C5434

Amount of Each Receipt this Period

2000.00

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

B.

Full Name (Last, First, Middle Initial)

Richard Coe, Jr.

Mailing Address 1720 Bluestem Ave

City

Williamstown

State

NJ

Zip Code

08094-3392

FEC ID number of contributing
federal political committee.

C

Name of Employer
elf

Occupation
attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C5551

Amount of Each Receipt this Period

300.00

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

C.

Full Name (Last, First, Middle Initial)

Stephen Conafay

Mailing Address 8317 Persimmon Tree Rd

City

Bethesda

State

MD

Zip Code

20817-2647

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fabiani and Company

Occupation
Executive

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: C5532

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)

3300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Carmen Conicelli, Jr.

Mailing Address 3312 Woodland Cir

City

Huntingdon Valley

State

PA

Zip Code

19006-4245

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Certified Public Accountant

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: C5352

Amount of Each Receipt this Period

2000.00

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

B.

Full Name (Last, First, Middle Initial)

Alfred Coppola

Mailing Address PO Box 340

City

Ramsey

State

NJ

Zip Code

07446-0340

FEC ID number of contributing
federal political committee.

C

Name of Employer
Okonite

Occupation

President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C5443

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)

Alfred Coppola

Mailing Address PO Box 340

City

Ramsey

State

NJ

Zip Code

07446-0340

FEC ID number of contributing
federal political committee.

C

Name of Employer
Okonite

Occupation

President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C5444

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)

6600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

John Cordisco

Mailing Address 234 Mill St

City

Bristol

State

PA

Zip Code

19007-4809

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cordisco & Bredway

Occupation
Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: C5540

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)

Jeffrey Crilley

Mailing Address 551 Johns Pass Ave

City

Madeira Beach

State

FL

Zip Code

33708-2368

FEC ID number of contributing
federal political committee.

C

Name of Employer
Student Lending and Conso-
lidat

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 Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: C5483

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)

John A DeFalco

Mailing Address 41 Grove St.

City

Haddonfield

State

NJ

Zip Code

08033

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 7

Transaction ID: C5319

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)

2250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

John J. Degnan

Mailing Address 35 Beacon Hill Dr

City

Chester

State

NJ

Zip Code

07930-3013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chubb CorporationOccupation
executive

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C5430

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)

James Delaplane, Jr.

Mailing Address 4421 45th St., NW

City

Washington

State

DC

Zip Code

20016

FEC ID number of contributing
federal political committee.

C

Name of Employer
Davis & Harman LLPOccupation
attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: C5368

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)

Paul Dennett

Mailing Address 3412 Q St NW

City

Washington

State

DC

Zip Code

20007-2718

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Benefits CouncilOccupation
Vice President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5364

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)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 18 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Lyle B Dennis

Mailing Address 316 Pennsylvania Avenue SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing
federal political committee.

C

Name of Employer
CRD Associates LLC

Occupation
partner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C5379

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)

Anthony Dickson

Mailing Address 408 Ramsey Rd

City

Yardley

State

PA

Zip Code

19067-4629

FEC ID number of contributing
federal political committee.

C

Name of Employer
NJ Manufacturers Insurance

Occupation
exec

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: C5255

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)

Paul Dimeo

Mailing Address 946 Quivera St

City

Laguna Beach

State

CA

Zip Code

92651-3822

FEC ID number of contributing
federal political committee.

C

Name of Employer
Corinthian Colleges Inc

Occupation
executive

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 7

Transaction ID: C5270

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)

3500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 19 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Lisa Donahue

Mailing Address 711 Bridgeton Pike

City

Sewell

State

NJ

Zip Code

08080-4335

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bowman & Company

Occupation
consultant

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C5254

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)

Ann Dorsett

Mailing Address 169 Russell Mill Rd

City

Woolwich Twp

State

NJ

Zip Code

08085-1807

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dorsett farms

Occupation
farm

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

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

Transaction ID: C5516

Amount of Each Receipt this Period

200.00

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

C.

Full Name (Last, First, Middle Initial)

Edward Ducoin

Mailing Address 37 John Singer Sargent Way

City

Marlton

State

NJ

Zip Code

08053

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

75.00

Date of Receipt

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

Transaction ID: C5367

Amount of Each Receipt this Period

75.00

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

SUBTOTAL of Receipts This Page (optional)

1275.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 20 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Anna Marie Dunlap

Mailing Address 255 Roycroft Ave
Unit A

City State Zip Code
Long Beach CA 90803-1718

FEC ID number of contributing
federal political committee.

C

Name of Employer
best efforts

Occupation
best efforts

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: C5261

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)

Marisa Edmund

Mailing Address 607 Centre St.

City State Zip Code
Haddonfield NJ 08033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Edmund Optics

Occupation
executive

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

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

Transaction ID: C5353

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 Edmund

Mailing Address 310 Bridgeboro Rd

City State Zip Code
Moorestown NJ 08057-1406

FEC ID number of contributing
federal political committee.

C

Name of Employer
Edmund Scientific

Occupation
executive

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

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

Transaction ID: C5354

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)

4500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 21 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

James Egan

Mailing Address 1500 John F Kennedy Blvd
Ste 1301

City State Zip Code
Philadelphia PA 19102-1729

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brent, Coont Associates

Occupation
Attorney

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: C5543

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)

Edwin Ellis

Mailing Address PO Box 94

City State Zip Code
Somerdale NJ 08083-0094

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
phd

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

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

Transaction ID: C5522

Amount of Each Receipt this Period

100.00

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

C.

Full Name (Last, First, Middle Initial)

James Fabiani

Mailing Address 1101 Pennsylvania Ave NW
Ste 700

City State Zip Code
Washington DC 20004-2520

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fabiani & Company

Occupation
executive

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 8 / 2 4 / 2 0 0 7

Transaction ID: C5505

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)

1600.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 307

(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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

James Fabiani

Mailing Address 1101 Pennsylvania Ave NW
Ste 700

City	State	Zip Code
Washington	DC	20004-2520

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fabiani & CompanyOccupation
executive

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 9	/	1 4	/	2 0 0 7

Transaction ID: C5462

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)

Foun Fan

Mailing Address 94 Old Short Hills Road

City	State	Zip Code
Livingston	NJ	07039

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Barnabas Med CtrOccupation
physician

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
0 9	/	2 1	/	2 0 0 7

Transaction ID: C5422

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)

Fardad Fateri

Mailing Address 113 Bottlebrush

City	State	Zip Code
Irvine	CA	92603-0688

FEC ID number of contributing
federal political committee.

C

Name of Employer
Corinthian Colleges IncOccupation
executive

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
0 9	/	2 5	/	2 0 0 7

Transaction ID: C5269

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)

2000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 23 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

andrew Fiske

Mailing Address 5821 Hollywood Blvd.
200

City State Zip Code
Hollywood FL 33021

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
mortgage banker

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: C5492

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)

Steven Fiske

Mailing Address 5821 Hollywood Blvd
200

City State Zip Code
Hollywood FL 33021

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
mortgage banker

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
0 8 / 3 1 / 2 0 0 7

Transaction ID: C5485

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)

Stephen Flatow

Mailing Address 13 Howell Dr

City State Zip Code
West Orange NJ 07052-2248

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vested Title Inc

Occupation
Vice President

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
0 8 / 2 4 / 2 0 0 7

Transaction ID: C5501

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)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 24 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

E James Florio

Mailing Address 100 Hudson Street

City

Hoboken

State

NJ

Zip Code

07030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florio & Kenny

Occupation
partner

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
0 8 / 0 3 / 2 0 0 7

Transaction ID: C5529

Amount of Each Receipt this Period

2300.00

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

[MEMO ITEM]

*

B.

Full Name (Last, First, Middle Initial)

E James Florio

Mailing Address 100 Hudson Street

City

Hoboken

State

NJ

Zip Code

07030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florio & Kenny

Occupation
partner

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
0 8 / 0 3 / 2 0 0 7

Transaction ID: C5531

Amount of Each Receipt this Period

200.00

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

[MEMO ITEM]

*

C.

Full Name (Last, First, Middle Initial)

Florio & Kenny LLP

Mailing Address 100 Hudson Street

City

Hoboken

State

NJ

Zip Code

07030

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: C5528

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)

2300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 25 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Florio & Kenny LLP

Mailing Address 100 Hudson Street

City

Hoboken

State

NJ

Zip Code

07030

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: C5530

Amount of Each Receipt this Period

200.00

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

B.

Full Name (Last, First, Middle Initial)

Jay Fox

Mailing Address 3 Anvil Ct

City

Cherry Hill

State

NJ

Zip Code

08003-2231

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

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

Transaction ID: C5238

Amount of Each Receipt this Period

100.00

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

C.

Full Name (Last, First, Middle Initial)

Donald Friel

Mailing Address 1 4 Winds Ln

City

Malvern

State

PA

Zip Code

19355-2807

FEC ID number of contributing
federal political committee.

C

Name of Employer
Holy Redeemer Health

Occupation

Senior VP

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
0 8 / 0 3 / 2 0 0 7

Transaction ID: C5545

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)

550.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 26 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Garden State Mangement Association

Mailing Address 20 Prospect Rd

City

Livingston

State

NJ

Zip Code

07039-1510

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5558

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)

Frederic garvett

Mailing Address 7541 SW 114th St

City

Miami

State

FL

Zip Code

33156-4551

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

attorney/developer

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: C5490

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)

Frank Giordano

Mailing Address 170 E Main St

City

Moorestown

State

NJ

Zip Code

08057-2949

FEC ID number of contributing
federal political committee.

C

Name of Employer
Atatlantic Trailer Leasing
Corp

Occupation
president

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5283

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)

2000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 27 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Francis Giuliano

Mailing Address 126 Norman Dr

City

Ramsey

State

NJ

Zip Code

07446-2600

FEC ID number of contributing
federal political committee.

C

Name of Employer
Okonite

Occupation
Director

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C5445

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)

Francis Giuliano

Mailing Address 126 Norman Dr

City

Ramsey

State

NJ

Zip Code

07446-2600

FEC ID number of contributing
federal political committee.

C

Name of Employer
Okonite

Occupation
Director

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C5446

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)

Michael Glasheen

Mailing Address 216 W 20th St

City

Ship Bottom

State

NJ

Zip Code

08008-4330

FEC ID number of contributing
federal political committee.

C

Name of Employer
McCarter English

Occupation
Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 7

Transaction ID: C5309

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]

* from Mc/eng

SUBTOTAL of Receipts This Page (optional)

4600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 28 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Amir Gold

Mailing Address 6800 South West 96th St

City

Pinecrest

State

FL

Zip Code

33156

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

financial services

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: C5488

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)

terry graboyes

Mailing Address 708 Lombard St

City

Philadelphia

State

PA

Zip Code

19147-1315

FEC ID number of contributing
federal political committee.

C

Name of Employer
best efforts

Occupation

best efforts

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
0 8 / 0 3 / 2 0 0 7

Transaction ID: C5539

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 Gray

Mailing Address 5256 Fisher Island Dr

City

Miami

State

FL

Zip Code

33109-0274

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amani Group

Occupation

Chairman

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: C5484

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)

2250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 29 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Diane Green

Mailing Address 1612 Ravenswood Way

City

Cherry Hill

State

NJ

Zip Code

08003-2928

FEC ID number of contributing
federal political committee.

C

Name of Employer
best efforts

Occupation
best efforts

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
0 9 / 1 5 / 2 0 0 7

Transaction ID: C5277

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)

Joseph N. Gross

Mailing Address 72 Pennington Ct

City

Delanco

State

NJ

Zip Code

08075-5224

FEC ID number of contributing
federal political committee.

C

Name of Employer
Consertech Inc

Occupation
Business owner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: C5474

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)

Roosevelt Hairston

Mailing Address 385 Conestoga Rd

City

Malvern

State

PA

Zip Code

19355-1019

FEC ID number of contributing
federal political committee.

C

Name of Employer
Children's Hospital of Ph-
illy

Occupation
Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: C5459

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)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 30 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Randolph Hurst Hardock

Mailing Address 6030 Copely Ln

City

McLean

State

VA

Zip Code

22101-2507

FEC ID number of contributing
federal political committee.

C

Name of Employer
Davis & Harman LLP

Occupation
attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: C5338

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)

Brent Harris

Mailing Address 3141 Michelson Dr.

City

Irvine

State

CA

Zip Code

92612

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pimco, Inc.

Occupation
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 Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C5426

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)

Michael Hartung

Mailing Address 2151 Marlton Pike W

City

Cherry Hill

State

NJ

Zip Code

08002-2732

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercedes Benz of Cherry
Hill

Occupation
auto dealer

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

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

Transaction ID: C5300

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)

3550.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Michael Hartung

Mailing Address 2151 Marlton Pike W

City

Cherry Hill

State

NJ

Zip Code

08002-2732

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercedes Benz of Cherry
HillOccupation
auto dealer

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

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

Transaction ID: C5301

Amount of Each Receipt this Period

700.00

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

Full Name (Last, First, Middle Initial)

Robert Helm

Mailing Address 12064 Open Run Rd

City

Ellicott City

State

MD

Zip Code

21042-6101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dechert, Price and RhodesOccupation
Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C5346

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)

Chuck Hemphill

Mailing Address 18619 Ocean Mist Dr

City

Boca Raton

State

FL

Zip Code

33498-4909

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advance Insurance Underwr-
itersOccupation
executive

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	7

Transaction ID: C5465

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)

2700.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 32 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Henry F. Henderson

Mailing Address 315 Rifle Camp Rd

City

West Paterson

State

NJ

Zip Code

07424-2726

FEC ID number of contributing
federal political committee.

C

Name of Employer
Thoreb North America LLC

Occupation
exec

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
0 7 / 1 3 / 2 0 0 7

Transaction ID: C5246

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)

Rodolfo Hernandez

Mailing Address 11250 SW 60th Ct

City

Pinecrest

State

FL

Zip Code

33156-4931

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
doctor

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: C5475

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)

Joseph Hoffman

Mailing Address 55 Summit Ave

City

Berlin

State

NJ

Zip Code

08009-2212

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bowman & Co

Occupation
executive

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C5251

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)

2250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Jane Ann Hornberger

Mailing Address 616 Cricklewood Rd

City

West Chester

State

PA

Zip Code

19382-8508

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fraser Volpe LLC

Occupation
executive

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5347

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)

chun hua huang

Mailing Address 100 William Feather Dr

City

Voorhees

State

NJ

Zip Code

08043-2985

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
bookkeeper

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C5402

Amount of Each Receipt this Period

75.00

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

C.

Full Name (Last, First, Middle Initial)

Kevin Hwang

Mailing Address 516 Van Buren St

City

Ridgewood

State

NJ

Zip Code

07450-1700

FEC ID number of contributing
federal political committee.

C

Name of Employer
best efforts

Occupation
best effort

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C5417

Amount of Each Receipt this Period

100.00

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

SUBTOTAL of Receipts This Page (optional)

675.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Tzeng Hwang

Mailing Address 68 Sherwood Hts

City

Wappingers Falls

State

NY

Zip Code

12590-3420

FEC ID number of contributing
federal political committee.

C

Name of Employer
best efforts

Occupation
best efforts

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

30.00

Date of Receipt

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

Transaction ID: C5518

Amount of Each Receipt this Period

30.00

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

B.

Full Name (Last, First, Middle Initial)

Ronald Jan

Mailing Address 31 Longfellow Ln

City

Hainesport

State

NJ

Zip Code

08036-3726

FEC ID number of contributing
federal political committee.

C

Name of Employer
best efforts

Occupation
best efforts

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C5405

Amount of Each Receipt this Period

50.00

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

C.

Full Name (Last, First, Middle Initial)

Yvette Jan

Mailing Address 31 Longfellow Ln

City

Hainesport

State

NJ

Zip Code

08036-3726

FEC ID number of contributing
federal political committee.

C

Name of Employer
best efforts

Occupation
best efforts

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C5406

Amount of Each Receipt this Period

50.00

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

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Tzay-Rong Jenq

Mailing Address 8 Brookfield Way

City

Princeton Jct

State

NJ

Zip Code

08550-3509

FEC ID number of contributing
federal political committee.

C

Name of Employer
best effortsOccupation
best efforts

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	1	/	2	0	0	7

Transaction ID: C5418

Amount of Each Receipt this Period

100.00

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

Full Name (Last, First, Middle Initial)

Richard Jerue

Mailing Address 525 Fifth St

City

Annapolis

State

MD

Zip Code

21403-3232

FEC ID number of contributing
federal political committee.

C

Name of Employer
Education Management Corp-
orationOccupation
Vice President, Govt Relations

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	5	/	2	0	0	7

Transaction ID: C5289

Amount of Each Receipt this Period

200.00

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

Full Name (Last, First, Middle Initial)

Carlton Johnson

Mailing Address 156 St. Georges Rd

City

Philadelphia

State

PA

Zip Code

19119

FEC ID number of contributing
federal political committee.

C

Name of Employer
best effortsOccupation
best efforts

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	8	/	0	3	/	2	0	0	7

Transaction ID: C5537

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)

550.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Randall Johnson

Mailing Address 1522 Orchard Cir

City

Naperville

State

IL

Zip Code

60565-2018

FEC ID number of contributing
federal political committee.

C

Name of Employer
best efforts

Occupation
best efforts

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
0 9 / 2 8 / 2 0 0 7

Transaction ID: C5361

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)

Kelly Johnston

Mailing Address PO Box 121

City

Newtown Sq

State

PA

Zip Code

19073-0121

FEC ID number of contributing
federal political committee.

C

Name of Employer
Campbell Soup Co

Occupation
VP - Govt Affairs

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
0 9 / 2 8 / 2 0 0 7

Transaction ID: C5363

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)

John B Kearney

Mailing Address 214 Jefferson Ave

City

Haddonfield

State

NJ

Zip Code

08033-3816

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kearney & Schweitzer

Occupation
attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5557

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)

1000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Arthur Keiser

Mailing Address 6069 NW 87th Ave

City

Parkland

State

FL

Zip Code

33067-5002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Keiser College

Occupation
president

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: C5481

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)

Belinda Keiser

Mailing Address 6069 NW 87th Ave

City

Parkland

State

FL

Zip Code

33067-5002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Keiser College

Occupation
Vice Chancellor of Commy Relat

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: C5482

Amount of Each Receipt this Period

200.00

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

C.

Full Name (Last, First, Middle Initial)

Eric kessler

Mailing Address 1620 Belvedere Blvd

City

Silver Spring

State

MD

Zip Code

20902-3902

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dow Lohnes

Occupation
President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 9 / 2 0 0 7

Transaction ID: C5316

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)

3000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Ji Hoon kim

Mailing Address 801 Cooperlanding Rd.
Apt 503

City State Zip Code
Cherry Hill NJ 08002

FEC ID number of contributing
federal political committee.

C

Name of Employer
best efforts

Occupation
best efforts

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C5392

Amount of Each Receipt this Period

200.00

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

B.

Full Name (Last, First, Middle Initial)

Leonard Klehr

Mailing Address 260 S Broad St

City State Zip Code
Philadelphia PA 19102-5023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Klehr, Harrion LLP

Occupation
Attorney

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: C5535

Amount of Each Receipt this Period

500.00

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

[MEMO ITEM]

*

C.

Full Name (Last, First, Middle Initial)

Klehr, Harrison, Harvey, Branzburg & Ellers LLP

Mailing Address 260 S Broad St

City State Zip Code
Philadelphia PA 19102-5023

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: C5534

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)

700.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Steven Klinghoffer

Mailing Address 33 Wildwood Dr

City

Short Hills

State

NJ

Zip Code

07078-3027

FEC ID number of contributing
federal political committee.

C

Name of Employer
WPI Communications

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 Y
0 7 / 1 3 / 2 0 0 7

Transaction ID: C5241

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 Klopp

Mailing Address 229 N Nassau Dr

City

Haddonfield

State

NJ

Zip Code

08033-3969

FEC ID number of contributing
federal political committee.

C

Name of Employer
best efforts

Occupation

best efforts

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5348

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)

Jeffrey Kolansky

Mailing Address 9500 Wheelump Ln

City

Philadelphia

State

PA

Zip Code

19118-2628

FEC ID number of contributing
federal political committee.

C

Name of Employer
best efforts

Occupation

best efforts

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
0 8 / 0 3 / 2 0 0 7

Transaction ID: C5538

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Charles Kramer

Mailing Address 161 S. Second Road
PO Box 470

City State Zip Code
Hammonton NJ 08037

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kramer Beverage Co

Occupation
owner

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
0 9 / 2 8 / 2 0 0 7

Transaction ID: C5382

Amount of Each Receipt this Period

1500.00

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

B.

Full Name (Last, First, Middle Initial)

robert krinsky

Mailing Address 370 1st Ave
Apt MF

City State Zip Code
New York NY 10010-4945

FEC ID number of contributing
federal political committee.

C

Name of Employer
the Segal Company

Occupation
Chairman Emeritus

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
0 9 / 2 1 / 2 0 0 7

Transaction ID: C5427

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)

Paul Kruss

Mailing Address 1000 E. Island Blv.
Apt 1904

City State Zip Code
Aventura FL 33160

FEC ID number of contributing
federal political committee.

C

Name of Employer
best efforts

Occupation
best efforts

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
0 8 / 3 1 / 2 0 0 7

Transaction ID: C5496

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)

2000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 41 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

pi-chu kuo

Mailing Address 1861 blue jay lane

City

Cherry Hill

State

NJ

Zip Code

08003

FEC ID number of contributing
federal political committee.

C

Name of Employer
best efforts

Occupation
best efforts

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C5408

Amount of Each Receipt this Period

50.00

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

B.

Full Name (Last, First, Middle Initial)

Paul Kurland

Mailing Address 51 Rumson Rd

City

Livingston

State

NJ

Zip Code

07039-3326

FEC ID number of contributing
federal political committee.

C

Name of Employer
Handy Store Fixtures

Occupation
owner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

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

Transaction ID: C5469

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)

Paul Kurland

Mailing Address 51 Rumson Rd

City

Livingston

State

NJ

Zip Code

07039-3326

FEC ID number of contributing
federal political committee.

C

Name of Employer
Handy Store Fixtures

Occupation
owner

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

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

Transaction ID: C5470

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)

4650.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 307

(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			

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Soo Ja kwon

Mailing Address 3 Hamilton Rd
Apt DCity State Zip Code
Maple Shade NJ 08052-7441FEC ID number of contributing
federal political committee.

C

Name of Employer
best effortsOccupation
best effortsReceipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼Election Cycle-to-Date ▼
200.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C5396

Amount of Each Receipt this Period

200.00

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

Full Name (Last, First, Middle Initial)

Thomas Ladd

Mailing Address 16 Buena Vista Ave

City State Zip Code
Red Bank NJ 07704-3526FEC ID number of contributing
federal political committee.

C

Name of Employer
McCarter EnglishOccupation
AttorneyReceipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼Election Cycle-to-Date ▼
300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 7

Transaction ID: C5308

Amount of Each Receipt this Period

300.00

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

* from mccarter eng

C.

Full Name (Last, First, Middle Initial)

Jerry Lang

Mailing Address 10139 40th Ter S

City State Zip Code
Boynton Beach FL 33436-4270FEC ID number of contributing
federal political committee.

C

Name of Employer
selfOccupation
travel agentReceipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: C5491

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) ▶

1200.00

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

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

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

FOR LINE NUMBER: PAGE 43 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

CT Lee

Mailing Address 10550 Montgomery Road

City

Cincinnati

State

OH

Zip Code

45242

FEC ID number of contributing
federal political committee.

C

Name of Employer
Riverhill Health Inc

Occupation

Doctor

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C5391

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)

Pi-chun lee

Mailing Address 3 Chamberlin Ct

City

Cranbury

State

NJ

Zip Code

08512-3134

FEC ID number of contributing
federal political committee.

C

Name of Employer
best efforts

Occupation

best efforts

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C5421

Amount of Each Receipt this Period

150.00

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

C.

Full Name (Last, First, Middle Initial)

Richard Leidl

Mailing Address 7304 Durbin Ter

City

Bethesda

State

MD

Zip Code

20817-6127

FEC ID number of contributing
federal political committee.

C

Name of Employer
Thelin Reid, LLP

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5371

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)

1650.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 44 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Joan Leonard

Mailing Address 759 Haddon Ave

City

Collingswood

State

NJ

Zip Code

08108-3714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

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

Transaction ID: C5370

Amount of Each Receipt this Period

50.00

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

B.

Full Name (Last, First, Middle Initial)

Thomas J Lewis, III

Mailing Address 20 Kings Hwy

City

Haddon Heights

State

NJ

Zip Code

08035-1445

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jefferson Hospital

Occupation

President/CEO

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
0 8 / 0 3 / 2 0 0 7

Transaction ID: C5544

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)

kathleen liu

Mailing Address 1146 Heartwood Dr

City

Cherry Hill

State

NJ

Zip Code

08003-3135

FEC ID number of contributing
federal political committee.

C

Name of Employer
best efforts

Occupation

best efforts

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C5401

Amount of Each Receipt this Period

50.00

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

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 45 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Carmella Loomis

Mailing Address 11 Whitesands Dr

City

Newport Coast

State

CA

Zip Code

92657-1058

FEC ID number of contributing
federal political committee.

C

Name of Employer
Corinthian Colleges Inc

Occupation
executive

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5262

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)

William T. Lyons

Mailing Address 401 Arnold Ave

City

Point Pleasant Bea

State

NJ

Zip Code

08742-3212

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lyons & Co

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 Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: C5376

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)

Lee Mackson

Mailing Address 20500 NE 22nd Ct

City

Miami

State

FL

Zip Code

33180-1303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shutts & Bowen

Occupation
Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: C5493

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)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 46 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Anthony Marozzi, Jr.

Mailing Address 210 Haddon Ave

City

Westmont

State

NJ

Zip Code

08108-1124

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5515

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)

Allison Mars

Mailing Address 1946 NE 201st St

City

North Miami Beach

State

FL

Zip Code

33179-1665

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
vitamin business

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
0 8 / 3 1 / 2 0 0 7

Transaction ID: C5497

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)

Gary Mars

Mailing Address 20011 NE 22nd Ave

City

Miami

State

FL

Zip Code

33180-1802

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: C5495

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)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 47 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Rick Mars

Mailing Address 1946 NE 201st St

City

North Miami Beach

State

FL

Zip Code

33179-1665

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
dentist

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: C5494

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)

Edward Martoglio

Mailing Address 197 Park St

City

Montclair

State

NJ

Zip Code

07042-3901

FEC ID number of contributing
federal political committee.

C

Name of Employer
RPM Development Group

Occupation
executive

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C5561

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]

* from rpm

C.

Full Name (Last, First, Middle Initial)

Jack David Massimino

Mailing Address 61 Monterey Pine Dr

City

Newport Coast

State

CA

Zip Code

92657-1553

FEC ID number of contributing
federal political committee.

C

Name of Employer
Corinthian College

Occupation
executive

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: C5268

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)

3300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 48 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

McCarter & English LLP

Mailing Address 100 Mulberry St

City

Newark

State

NJ

Zip Code

07102-4056

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 7

Transaction ID: C5307

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)

Howard McCormick

Mailing Address 607 Charles St

City

Mount Ephraim

State

NJ

Zip Code

08059-1117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C5388

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)

Thomas McCullough

Mailing Address 13721 Horton Dr

City

Overland Park

State

KS

Zip Code

66223-2979

FEC ID number of contributing
federal political committee.

C

Name of Employer
DST Systems

Occupation
Chief Operating Officer

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C5330

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)

4300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 49 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Patricia McDermott

Mailing Address PO Box 3564

City

Fredericksburg

State

VA

Zip Code

22402-3564

FEC ID number of contributing
federal political committee.

C

Name of Employer
Venable LLP

Occupation
attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C5337

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)

Jospeh Mehlmann

Mailing Address 2820 Park Dr

City

Arlington

State

TX

Zip Code

76016-5907

FEC ID number of contributing
federal political committee.

C

Name of Employer
Career Clooeges of Texas

Occupation
Director

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
0 9 / 0 7 / 2 0 0 7

Transaction ID: C5468

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)

Vinod Menezes

Mailing Address 108 Ferry Rd

City

Bridgeport

State

NJ

Zip Code

08014-9771

FEC ID number of contributing
federal political committee.

C

Name of Employer
Atlantic SubSea, Inc.

Occupation
executive

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

150.00

Date of Receipt

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

Transaction ID: C5555

Amount of Each Receipt this Period

150.00

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

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 50 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Gustavo Miculitzki

Mailing Address 20155 NE 38th Ct
Apt 2804

City State Zip Code
Aventura FL 33180-3271

FEC ID number of contributing
federal political committee.

C

Name of Employer
66M Developers

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 Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: C5466

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)

Joseph Miles

Mailing Address 902 Hudson St

City State Zip Code
Hoboken NJ 07030-5102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
10.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: C5454

Amount of Each Receipt this Period

10.00

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

C.

Full Name (Last, First, Middle Initial)

Michael Miller

Mailing Address 15 Kimberly Ct

City State Zip Code
Voorhees NJ 08043-2848

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alaimo Group

Occupation
Engineer

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

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

Transaction ID: C5324

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)

1260.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 51 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Ted Misbin

Mailing Address 503 Gatewood Rd

City

Cherry Hill

State

NJ

Zip Code

08003-3207

FEC ID number of contributing
federal political committee.

C

Name of Employer
RAM Electronics Indus

Occupation
President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

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

Transaction ID: C5556

Amount of Each Receipt this Period

100.00

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

B.

Full Name (Last, First, Middle Initial)

J.E. Monetti

Mailing Address 1615 Longfellow Dr

City

Cherry Hill

State

NJ

Zip Code

08003-3547

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
n/a

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5562

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)

Stan Mortensen

Mailing Address 2683 Santa Ana Ave

City

Costa Mesa

State

CA

Zip Code

92627-4638

FEC ID number of contributing
federal political committee.

C

Name of Employer
Corinthian Colleges Inc

Occupation
executive

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C5271

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)

1600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 52 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Klye Mulroy

Mailing Address 1399 New York Avenue

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington Strategic Cons-
ultin

Occupation
executive

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
0 9 / 2 6 / 2 0 0 7

Transaction ID: C5282

Amount of Each Receipt this Period

1500.00

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

[MEMO ITEM]

* WSG contrib 100% to Kyle

B.

Full Name (Last, First, Middle Initial)

Asuncion Munoz

Mailing Address 406 Elbo Ln

City

Mount Laurel

State

NJ

Zip Code

08054-9639

FEC ID number of contributing
federal political committee.

C

Name of Employer
Revenue Collections Inc.

Occupation
owner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5519

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)

Yoon Nam

Mailing Address 12155 Caldicot Ln

City

Fairfax

State

VA

Zip Code

22030-6217

FEC ID number of contributing
federal political committee.

C

Name of Employer
best efforts

Occupation
best efforts

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C5394

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)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 53 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)
Victor Nitti, Jr.

Mailing Address 712 E Main St
Ste 2B

City State Zip Code
Moorestown NJ 08057-3067

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
doctor - phd

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
150.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C5387

Amount of Each Receipt this Period

150.00

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

B.

Full Name (Last, First, Middle Initial)
Robert F. O'Brien

Mailing Address 45 Congress Cir

City State Zip Code
Medford NJ 08055-3708

FEC ID number of contributing
federal political committee.

C

Name of Employer
O'Brien, Belland & Bushin-
sky

Occupation
Attorney

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Date of Receipt

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

Transaction ID: C5240

Amount of Each Receipt this Period

600.00

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

C.

Full Name (Last, First, Middle Initial)
Dennis Oakes

Mailing Address 18 E 18th St
Apt 6A

City State Zip Code
New York NY 10003-1933

FEC ID number of contributing
federal political committee.

C

Name of Employer
Capital Source

Occupation
Vice 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 9 / 2 4 / 2 0 0 7

Transaction ID: C5259

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)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 54 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Eunyoung oh-lee

Mailing Address 801 Cooperlanding Rd.
Apt. 409 B

City State Zip Code
Cherry Hill NJ 08002

FEC ID number of contributing
federal political committee.

C

Name of Employer
best efforts

Occupation
best efforts

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C5393

Amount of Each Receipt this Period

200.00

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

B.

Full Name (Last, First, Middle Initial)

George Olsen

Mailing Address 1155 21st St. NW

City State Zip Code
Washington DC 20036

FEC ID number of contributing
federal political committee.

C

Name of Employer
Williams and Jensen

Occupation
attorney

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 8 / 1 0 / 2 0 0 7

Transaction ID: C5520

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)

Stanley Oskiera

Mailing Address 1969 Robinwood Dr

City State Zip Code
Warrington PA 18976-1322

FEC ID number of contributing
federal political committee.

C

Name of Employer
Edmund Optics

Occupation
executive

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5351

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)

1700.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 55 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Marvin Padover

Mailing Address 4845 Tallowwood Ln

City

Boca Raton

State

FL

Zip Code

33487-1139

FEC ID number of contributing
federal political committee.

C

Name of Employer
none

Occupation
retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C5373

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)

David Pallas

Mailing Address 722 Park Ave

City

Palmyra

State

NJ

Zip Code

08065-1726

FEC ID number of contributing
federal political committee.

C

Name of Employer
Swisco, Inc

Occupation
executive

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

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

Transaction ID: C5357

Amount of Each Receipt this Period

200.00

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

C.

Full Name (Last, First, Middle Initial)

John Palm

Mailing Address 17 Wyndham Rd

City

Voorhees

State

NJ

Zip Code

08043

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

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

Transaction ID: C5275

Amount of Each Receipt this Period

100.00

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

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 56 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

John Paone

Mailing Address 8610 Thomas Mill Ter

City

Philadelphia

State

PA

Zip Code

19128-1140

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: C5542

Amount of Each Receipt this Period

150.00

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

B.

Full Name (Last, First, Middle Initial)

Kaushik patel

Mailing Address 406 Old Bridge Plz

City

Old Bridge

State

NJ

Zip Code

08857-3108

FEC ID number of contributing
federal political committee.

C

Name of Employer
best efforts

Occupation

best efforts

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: C5509

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)

Rajendra Patel

Mailing Address 16 Nolen Cir

City

Voorhees

State

NJ

Zip Code

08043-4109

FEC ID number of contributing
federal political committee.

C

Name of Employer
SJ Heart Group

Occupation

physician

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
0 9 / 1 4 / 2 0 0 7

Transaction ID: C5461

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)

900.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Stephen Pazan

Mailing Address 117 Avondale Ave

City

Haddonfield

State

NJ

Zip Code

08033-2635

FEC ID number of contributing
federal political committee.

C

Name of Employer
Spector, Gadon and RosenOccupation
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
0 8 / 0 3 / 2 0 0 7

Transaction ID: C5527

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)

Mark Pelesh

Mailing Address 6819 Meadow Ln

City

Chevy Chase

State

MD

Zip Code

20815-5015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Corinthian Colleges IncOccupation
executive VP

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C5264

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)

Samuel Pepper

Mailing Address 18 Crestwood Dr

City

West Orange

State

NJ

Zip Code

07052-2004

FEC ID number of contributing
federal political committee.

C

Name of Employer
retiredOccupation
n/a

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C5243

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)

2250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 58 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Pauline Pesda

Mailing Address 13 Roosevelt Blvd

City

Berlin

State

NJ

Zip Code

08009-1192

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

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

Transaction ID: C5369

Amount of Each Receipt this Period

100.00

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

B.

Full Name (Last, First, Middle Initial)

Brian Peterman

Mailing Address 115 Pump Branch Rd

City

Berlin

State

NJ

Zip Code

08009-9633

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C5439

Amount of Each Receipt this Period

200.00

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

C.

Full Name (Last, First, Middle Initial)

Frank Polefrone

Mailing Address 4349 Glades Drive

City

Allison Park

State

PA

Zip Code

15101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Access Data Corp.

Occupation

Financial Services

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5550

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)

800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 59 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Jeffrey Puretz

Mailing Address 3928 Garrison St NW

City

Washington

State

DC

Zip Code

20016-4220

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dechert LLP

Occupation
Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C5305

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)

Lawrence Ragone

Mailing Address 411 Monmouth Dr

City

Cherry Hill

State

NJ

Zip Code

08002-2006

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
physician

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5239

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)

Martha Renwick

Mailing Address 100 S Lippincott Ave

City

Maple Shade

State

NJ

Zip Code

08052-3249

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

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

Transaction ID: C5250

Amount of Each Receipt this Period

100.00

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

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Eric Robins

Mailing Address 1616 18th St NW
Apt 708

City State Zip Code
Washington DC 20009-2533

FEC ID number of contributing
federal political committee.

C

Name of Employer
William and Jensen PLLC

Occupation
attorney

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: C5549

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)

RPM Development

Mailing Address 77 Park St.

City State Zip Code
Montclair NJ 07042

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

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

Transaction ID: C5560

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)

Jefrey Rudnick

Mailing Address 200 Beech Hill Rd

City State Zip Code
Wynnewood PA 19096-1110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
100.00

Date of Receipt

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

Transaction ID: C5336

Amount of Each Receipt this Period

100.00

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

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 61 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Domenic Ruscio

Mailing Address 316 Pennsylvania AvenueSE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing
federal political committee.

C

Name of Employer
CRD Assoc LLC

Occupation
partner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5381

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)

Ali Saadat

Mailing Address 6912 Benjamin St

City

McLean

State

VA

Zip Code

22101-1504

FEC ID number of contributing
federal political committee.

C

Name of Employer
FEDBID

Occupation
CEO

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: C5374

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)

Todd Saler

Mailing Address 49 Bryces Ct

City

Sicklerville

State

NJ

Zip Code

08081-1675

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bowman & Company

Occupation
cpa

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C5252

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)

2500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 62 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

John Schneider

Mailing Address 1462 Manor Ln

City

Blue Bell

State

PA

Zip Code

19422-2022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Landscape Achcitect

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

25.00

Date of Receipt

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

Transaction ID: C5298

Amount of Each Receipt this Period

25.00

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

B.

Full Name (Last, First, Middle Initial)

Donald Sedberry

Mailing Address 980 Cape Marco Dr
Apt 1903

City

Marco Island

State

FL

Zip Code

34145-6367

FEC ID number of contributing
federal political committee.

C

Name of Employer
Max Levy Autograph Inc

Occupation

executive

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5349

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)

Daniel Serber

Mailing Address 20895 NE 32nd Ave

City

Aventura

State

FL

Zip Code

33180-3655

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: C5487

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)

775.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Alan shaw

Mailing Address 3805 Secondwoods Rd

City

Doylestown

State

PA

Zip Code

18902-5453

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vaxinnate CorpOccupation
Scientist

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5553

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)

Kathleen Sheridan

Mailing Address 327 N Newton Lake Dr

City

Collingswood

State

NJ

Zip Code

08108-3037

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information RequestedOccupation
Information Requested

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C5436

Amount of Each Receipt this Period

200.00

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

Full Name (Last, First, Middle Initial)

nelson shih

Mailing Address 14 Harwood Dr

City

Voorhees

State

NJ

Zip Code

08043-2941

FEC ID number of contributing
federal political committee.

C

Name of Employer
best effortsOccupation
best efforts

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C5400

Amount of Each Receipt this Period

100.00

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

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Stuart Shih

Mailing Address 8204 Kerfoot Dr

City

Gainesville

State

VA

Zip Code

20155-5820

FEC ID number of contributing
federal political committee.

C

Name of Employer
best efforts

Occupation
best effort

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C5398

Amount of Each Receipt this Period

50.00

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

B.

Full Name (Last, First, Middle Initial)

Tinna Shih

Mailing Address 14 Harwood Dr

City

Voorhees

State

NJ

Zip Code

08043-2941

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 ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C5399

Amount of Each Receipt this Period

100.00

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

C.

Full Name (Last, First, Middle Initial)

Gerald Shreiber

Mailing Address 6000 Central Hwy

City

Pennsauken

State

NJ

Zip Code

08109-4607

FEC ID number of contributing
federal political committee.

C

Name of Employer
J&J Snack Foods

Occupation
President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

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

Transaction ID: C5284

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)

2450.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Gerald Shreiber

Mailing Address 6000 Central Hwy

City

Pennsauken

State

NJ

Zip Code

08109-4607

FEC ID number of contributing
federal political committee.

C

Name of Employer
J&J Snack Foods

Occupation
President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

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

Transaction ID: C5285

Amount of Each Receipt this Period

1200.00

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

B.

Full Name (Last, First, Middle Initial)

Joseph Slachetka

Mailing Address 419 Holly Glen Dr

City

Cherry Hill

State

NJ

Zip Code

08034-3002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hoffman & DiMuzio

Occupation
attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C5299

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)

johnathan Slade

Mailing Address 10613 Gainsborough Rd

City

Potomac

State

MD

Zip Code

20854-4047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cormac Group

Occupation
Lobbyist

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: C5476

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)

2700.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Ivan Sobel

Mailing Address 20 Prospect Rd

City

Livingston

State

NJ

Zip Code

07039-1510

FEC ID number of contributing
federal political committee.

C

Name of Employer
garden state managment as-
sc.

Occupation
partner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5559

Amount of Each Receipt this Period

500.00

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

[MEMO ITEM]

* gsm arrtib

B.

Full Name (Last, First, Middle Initial)

david Sokira

Mailing Address 40 Marcia Rd

City

Ringwood

State

NJ

Zip Code

07456-1849

FEC ID number of contributing
federal political committee.

C

Name of Employer
Okonite Company

Occupation
Vice President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C5447

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)

david Sokira

Mailing Address 40 Marcia Rd

City

Ringwood

State

NJ

Zip Code

07456-1849

FEC ID number of contributing
federal political committee.

C

Name of Employer
Okonite Company

Occupation
Vice President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C5448

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)

4600.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 307

(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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Barry Spielvogel

Mailing Address 92 Borton Ave

City

Voorhees

State

NJ

Zip Code

08043-4698

FEC ID number of contributing
federal political committee.

C

Name of Employer
noneOccupation
retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

25.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	7

Transaction ID: C5477

Amount of Each Receipt this Period

25.00

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

Full Name (Last, First, Middle Initial)

David Starr

Mailing Address 6321 Crosswoods Cir

City

Falls Church

State

VA

Zip Code

22044-1303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Williams & JensenOccupation
attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: C5548

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)

Anthony Stavola

Mailing Address 66 Friars Blvd

City

Thorofare

State

NJ

Zip Code

08086

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stavola FoodsOccupation
owner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	7

Transaction ID: C5453

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)

2825.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 307

(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			

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

John Strangfeld

Mailing Address 51 Post Road

City

Bernardsville

State

NJ

Zip Code

07924

FEC ID number of contributing
federal political committee.

C

Name of Employer
Prudential

Occupation

Senior Executive

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: C5245

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)

Steven Strumwasser

Mailing Address 12700 Biscayne Blvd.
uite 301

City

North Miami

State

FL

Zip Code

33181

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

psychologist

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	8	/	3	1	/	2	0	0	7

Transaction ID: C5498

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)

Douglas Struyk

Mailing Address 14 Benson Dr

City

Wayne

State

NJ

Zip Code

07470-3923

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

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

Transaction ID: C5343

Amount of Each Receipt this Period

100.00

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

SUBTOTAL of Receipts This Page (optional)

2650.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 307

(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			

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Hwei Su

Mailing Address PO Box 2324

City

Cherry Hill

State

NJ

Zip Code

08034-0181

FEC ID number of contributing
federal political committee.

C

Name of Employer
noneOccupation
homemaker

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	0	7

Transaction ID: C5389

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)

Hwei Su

Mailing Address PO Box 2324

City

Cherry Hill

State

NJ

Zip Code

08034-0181

FEC ID number of contributing
federal political committee.

C

Name of Employer
noneOccupation
homemaker

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	0	7

Transaction ID: C5411

Amount of Each Receipt this Period

100.00

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

Full Name (Last, First, Middle Initial)

Hwei Su

Mailing Address PO Box 2324

City

Cherry Hill

State

NJ

Zip Code

08034-0181

FEC ID number of contributing
federal political committee.

C

Name of Employer
noneOccupation
homemaker

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	0	7

Transaction ID: C5412

Amount of Each Receipt this Period

100.00

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

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 307

(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			

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Richard Sumter

Mailing Address 72 Rosalind Cir

City

Sicklerville

State

NJ

Zip Code

08081-4711

FEC ID number of contributing
federal political committee.

C

Name of Employer
RLS CommunicationsOccupation
executive

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	4	/	2	0	0	7

Transaction ID: C5467

Amount of Each Receipt this Period

50.00

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

Full Name (Last, First, Middle Initial)

Roy Tanzman

Mailing Address 4 Talie ROad

City

Woodbridge

State

NJ

Zip Code

07095

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wilentz Goldman & SpitzerOccupation
attorney

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

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

Transaction ID: C5244

Amount of Each Receipt this Period

200.00

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

Full Name (Last, First, Middle Initial)

Mei Tarng

Mailing Address 12 Rollingwood Dr

City

Voorhees

State

NJ

Zip Code

08043-2810

FEC ID number of contributing
federal political committee.

C

Name of Employer
n/aOccupation
homemaker

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	1	/	2	0	0	7

Transaction ID: C5397

Amount of Each Receipt this Period

300.00

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

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 71 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Randolph Taylor

Mailing Address 654 Pine Valley Ct

City

Egg Harbor City

State

NJ

Zip Code

08215-5129

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 ▼

3300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C5423

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)

Lee Phillip Teichner

Mailing Address 1691 Daytonia Rd

City

Miami Beach

State

FL

Zip Code

33141-1732

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: C5486

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)

Triple K Realty Co Partnership

Mailing Address 1320 Hurffville Rd

City

Deptford

State

NJ

Zip Code

08096-3818

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
0 9 / 2 4 / 2 0 0 7

Transaction ID: C5280

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)

4050.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

huan-tsong tsend

Mailing Address 137 Carlton Ave

City

Marlton

State

NJ

Zip Code

08053-1825

FEC ID number of contributing
federal political committee.

C

Name of Employer
best effortsOccupation
best efforts

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C5407

Amount of Each Receipt this Period

100.00

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

Full Name (Last, First, Middle Initial)

Kirti Valia

Mailing Address 19 Allen Ct

City

Plainsboro

State

NJ

Zip Code

08536-2334

FEC ID number of contributing
federal political committee.

C

Name of Employer
Core Tech SolutionsOccupation
executive

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: C5458

Amount of Each Receipt this Period

500.00

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

Full Name (Last, First, Middle Initial)

victor viggiano

Mailing Address 768 Dakota Trl

City

Franklin Lakes

State

NJ

Zip Code

07417-1038

FEC ID number of contributing
federal political committee.

C

Name of Employer
Okonite Co.Occupation
CEO

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C5441

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)

2900.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 73 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)
victor viggiano

Mailing Address 768 Dakota Trl

City State Zip Code
Franklin Lakes NJ 07417-1038

FEC ID number of contributing
federal political committee.

C

Name of Employer
Okonite Co.

Occupation
CEO

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
4600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C5442

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)
James Wade, Jr.

Mailing Address 20792 Skimmer Ln

City State Zip Code
Huntington Beach CA 92646-6547

FEC ID number of contributing
federal political committee.

C

Name of Employer
Corinthian Colleges Inc

Occupation
executive

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 7

Transaction ID: C5266

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)
PC Waller

Mailing Address 25081 Buckskin Dr

City State Zip Code
Laguna Hills CA 92653-5740

FEC ID number of contributing
federal political committee.

C

Name of Employer
Corinthian Colleges

Occupation
executive

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1200.00

Date of Receipt

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

Transaction ID: C5273

Amount of Each Receipt this Period

1200.00

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

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 74 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

pen wang

Mailing Address 23 W Tampa Ave

City

Cherry Hill

State

NJ

Zip Code

08002-2419

FEC ID number of contributing
federal political committee.

C

Name of Employer
best efforts

Occupation
best efforts

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C5415

Amount of Each Receipt this Period

100.00

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

B.

Full Name (Last, First, Middle Initial)

Washington Strategic COnsulting LLC

Mailing Address 1399 New York Avenue NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 7

Transaction ID: C5281

Amount of Each Receipt this Period

1500.00

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

C.

Full Name (Last, First, Middle Initial)

Richard Webb

Mailing Address 545 Central Ave

City

Newark

State

NJ

Zip Code

07107-1443

FEC ID number of contributing
federal political committee.

C

Name of Employer
McCarter English

Occupation
Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 7

Transaction ID: C5310

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]

* from Mc/eng

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 75 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

diane weeks

Mailing Address PO Box 371

City

Brookside

State

NJ

Zip Code

07926-0371

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C5386

Amount of Each Receipt this Period

75.00

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

B.

Full Name (Last, First, Middle Initial)

Jeffrey Weinstein

Mailing Address 11 Anthony Ave

City

Edison

State

NJ

Zip Code

08820-1466

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
physician

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C5242

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)

Stewart Weintraub

Mailing Address PO Box 682

City

Cherry Hill

State

NJ

Zip Code

08003-0682

FEC ID number of contributing
federal political committee.

C

Name of Employer
Schnader Attorneys at Law

Occupation
attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

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

Transaction ID: C5552

Amount of Each Receipt this Period

100.00

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

SUBTOTAL of Receipts This Page (optional)

1175.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 76 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Michael J. Welding

Mailing Address 207 Locust St

City

Turnersville

State

NJ

Zip Code

08012-1130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bowman & Co

Occupation
executive

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C5253

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)

Nan Wells

Mailing Address 5057 Overlook Rd NW

City

Washington

State

DC

Zip Code

20016-1911

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 ▼

500.00

Date of Receipt

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

Transaction ID: C5378

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)

Bryan Wilson

Mailing Address 26512 Broken Bit Ln

City

Laguna Hills

State

CA

Zip Code

92653-5701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Corinthian Colleges Inc

Occupation
executive

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 7

Transaction ID: C5274

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)

2500.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Lori Winter

Mailing Address 1901 Queen Anne Drive

City

Cherry Hill

State

NJ

Zip Code

08008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cooper University Hospital

Occupation

Div Head - Adol Med

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

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

Transaction ID: C5554

Amount of Each Receipt this Period

200.00

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

B.

Full Name (Last, First, Middle Initial)

Harris Wofford

Mailing Address 955 26th St., NW

City

Washington

State

DC

Zip Code

20037

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Policial consultant

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C5256

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)

Donald Wood

Mailing Address 221 La Paloma Rd

City

Key Largo

State

FL

Zip Code

33037-4652

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 7

Transaction ID: C5295

Amount of Each Receipt this Period

300.00

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

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Iichyun yang

Mailing Address 17 Winterset Ln

City

Marlton

State

NJ

Zip Code

08053-3819

FEC ID number of contributing
federal political committee.

C

Name of Employer
best effortOccupation
best effort

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

20.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	0	7

Transaction ID: C5414

Amount of Each Receipt this Period

20.00

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

Full Name (Last, First, Middle Initial)

Jsu C Yeh

Mailing Address 138 Kilburn Dr

City

Cherry Hill

State

NJ

Zip Code

08003-1969

FEC ID number of contributing
federal political committee.

C

Name of Employer
fed govtOccupation
soc worker

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	0	7

Transaction ID: C5390

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)

David Zuckerman

Mailing Address 1803 Country Club Drive

City

Cherry Hill

State

NJ

Zip Code

08003

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Foot Specialist pcOccupation
Podiatrist

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	7		1	3		2	0	0	7

Transaction ID: C5247

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)

2020.00

TOTAL This Period (last page this line number only)

148935.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 307

(check only one)

<input type="checkbox"/> 11a	<input checked="" 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)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Bob Casey For Seante

Mailing Address PO Box 22469

City

Philadelphia

State

PA

Zip Code

19110-2469

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	0	7

Transaction ID: C5536

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)

1000.00

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

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

FOR LINE NUMBER: PAGE 80 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

ADPAC

Mailing Address 133 Gaither Drive
Ste N

City State Zip Code
Mt. Laurel NJ 08054

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
0 9 / 2 1 / 2 0 0 7

Transaction ID: C5435

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)

ALLIANZ LIFE INSURANCE CO/FIREMAN'S FUND INSURANCE CO PAC(ALLIANZ LIFE/FIREMAN'S FUND)

Mailing Address 591 REDWOOD HWY. BLDG. 4000

City State Zip Code
MILL VALLEY CA 94941

FEC ID number of contributing
federal political committee.

C

C00095109

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: C5506

Amount of Each Receipt this Period

750.00

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

C.

Full Name (Last, First, Middle Initial)

AMALGAMATED TRANSIT UNION-COPE

Mailing Address 5025 WISCONSIN AVE. N.W.

City State Zip Code
WASHINGTON DC 20016

FEC ID number of contributing
federal political committee.

C

C00032995

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C5437

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)

2750.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

AMERICAN AIRLINES PAC

Mailing Address 1101 17th St., NW

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C5546

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)

American Association of Nurse Anesthetists

Mailing Address 412 First St., NW

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: C5315

Amount of Each Receipt this Period

2500.00

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

C.

Full Name (Last, First, Middle Initial)

AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)

Mailing Address 1120 Connecticut Avenue NW

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing
federal political committee.

C

C00004275

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 2 / 2 0 0 7

Transaction ID: C5278

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)

Mailing Address 1120 Connecticut Avenue NW

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing
federal political committee.

C C00004275

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 7

Transaction ID: C5279

Amount of Each Receipt this Period

1500.00

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

B.

Full Name (Last, First, Middle Initial)

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 ▼

3000.00

Date of Receipt

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

Transaction ID: C5565

Amount of Each Receipt this Period

550.00

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

C.

Full Name (Last, First, Middle Initial)

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 ▼

3000.00

Date of Receipt

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

Transaction ID: C5566

Amount of Each Receipt this Period

227.66

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

SUBTOTAL of Receipts This Page (optional)

2277.66

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 83 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

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

Mailing Address 101 Constitution Avenue NW
Suite 700 West

City State Zip Code
Washington DC 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 ▼
 3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 2 4 / 2 0 0 7

Transaction ID: C5500

Amount of Each Receipt this Period

1222.34

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

B.

Full Name (Last, First, Middle Initial)
AMERICAN OCCUPATIONAL THERAPY ASSOCIATION INC POLITICAL ACTION COMMITTEE

Mailing Address 4720 MONTGOMERY LANE
PO BOX 31220

City State Zip Code
BETHESDA MD 20824

FEC ID number of contributing
federal political committee. **C** C00089086

Name of Employer Occupation

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 2 4 / 2 0 0 7

Transaction ID: C5320

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)
AON CORPORATION POLITICAL ACTION COMMITTEE (AON PAC)

Mailing Address 200 EAST RANDOLPH

City State Zip Code
CHICAGO IL 60601

FEC ID number of contributing
federal political committee. **C** C00211250

Name of Employer Occupation

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 2000.00

Date of Receipt

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

Transaction ID: C5340

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)

4222.34

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 84 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

APMA Podiatry PAC

Mailing Address 9312 Old Georgetown Rd.

City

Bethesda

State

MD

Zip Code

20814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C5449

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)

AT&T CORP POLITICAL ACTION COMMITTEE (AT&T PAC)

Mailing Address 295 NORTH MAPLE AVENUE

City

BASKING RIDGE

State

NJ

Zip Code

07920

FEC ID number of contributing
federal political committee.

C

C00185124

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C5291

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)

AVAYA INCORPORATED POLITICAL ACTION COMMITTEE

Mailing Address 1450 G STREET NW SUITE 500

City

WASHINGTON

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C

C00363382

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C5429

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 85 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

AVMA Political Action Committee

Mailing Address 1910 Sunderland Place, NW

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C5290

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)

BAE SYSTEMS USA PAC

Mailing Address 1300 N. 17th St.

City

Arlington

State

VA

Zip Code

22209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C5384

Amount of Each Receipt this Period

4000.00

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

C.

Full Name (Last, First, Middle Initial)

BAE SYSTEMS USA PAC

Mailing Address 1300 N. 17th St.

City

Arlington

State

VA

Zip Code

22209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C5385

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)
BIPARTISAN PAC OF THE BANK OF NEW YORK MELLON

Mailing Address One Mellon Bank Center
room 827

City State Zip Code
Pittsburgh PA 15258

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: C5329

Amount of Each Receipt this Period

2500.00

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

B.

Full Name (Last, First, Middle Initial)
BOILERMAKERS-BLACKSMITHS LEAP

Mailing Address 753 STATE AVE

City State Zip Code
KANSAS CITY KS 66101

FEC ID number of contributing
federal political committee.

C c00005157

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C5425

Amount of Each Receipt this Period

5000.00

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

C.

Full Name (Last, First, Middle Initial)
CAMPBELL SOUP COMPANY PAC CAMPBELL PAC

Mailing Address 1 CAMPBELL PLACE MS43A

City State Zip Code
CAMDEN NJ 08103

FEC ID number of contributing
federal political committee.

C C00415166

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: C5322

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)

8500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)
CHUBB CORPORATION POLITICAL ACTION COMMITTEE-CHUBBPAC, THE

Mailing Address 15 Mountain View Road
PO BOX 1651

City State Zip Code
Warren NJ 07059

FEC ID number of contributing
federal political committee.

C C00229203

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 9 / 2 4 / 2 0 0 7

Transaction ID: C5311

Amount of Each Receipt this Period

1500.00

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

B.

Full Name (Last, First, Middle Initial)
COMCAST CORP. POLITICAL ACTION COMMITTEE

Mailing Address 1500 Market Street
35th Floor

City State Zip Code
Philadelphia PA 19102

FEC ID number of contributing
federal political committee.

C C00248716

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 7

Transaction ID: C5263

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)
CONTINENTAL AIRLINES INC EMPLOYEE FUND FOR A BETTER AMERICA (FKA CONTINENTAL HOLDINGS INC)

Mailing Address 1600 SMITH STREET 18TH FLOOR-HQSGV
P O BOX 12788

City State Zip Code
HOUSTON TX 77002

FEC ID number of contributing
federal political committee.

C C00101766

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
0 7 / 2 7 / 2 0 0 7

Transaction ID: C5547

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)

3500.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)
CORINTHIAN COLLEGES INC PAC

Mailing Address 6 HUTTON CENTRE DRIVE SUITE 400

City State Zip Code
SANTA ANA CA 92707

FEC ID number of contributing federal political committee. **C** C00357640

Name of Employer Occupation

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 3800.00

Date of Receipt

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

Transaction ID: C5272

Amount of Each Receipt this Period

1500.00

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

B.

Full Name (Last, First, Middle Initial)
Dow Lohnes PAC

Mailing Address 1200 New Hampshire Ave., NW
Ste 803

City State Zip Code
Washington DC 20036

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

Name of Employer Occupation

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 1 9 / 2 0 0 7

Transaction ID: C5317

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)
DRS TECHNOLOGIES INC. GOOD GOVERNMENT FUND

Mailing Address 5 Sylvan Way
SUITE 500

City State Zip Code
Parsippany NJ 07054

FEC ID number of contributing federal political committee. **C** C00275123

Name of Employer Occupation

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 2000.00

Date of Receipt

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

Transaction ID: C5366

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial) ELECTRICAL CONSTRUCTION PAC-NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION, INC (ECCAC)

Mailing Address 3 BETHESDA METRO CENTER SUITE 1100

City State Zip Code
 BETHESDA MD 20814

FEC ID number of contributing federal political committee.

C C00113811

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C5513

Amount of Each Receipt this Period

2000.00

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

B. Full Name (Last, First, Middle Initial) ERNST & YOUNG PAC

Mailing Address 1225 Connecticut Ave., NW

City State Zip Code
 Washington DC 20036

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: C5460

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) FMR CORP POLITICAL ACTION COMMITTEE - FEDERAL

Mailing Address 82 DEVONSHIRE STREET

City State Zip Code
 BOSTON MA 02109

FEC ID number of contributing federal political committee.

C C00380550

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C5344

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)

5500.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

FMR CORP POLITICAL ACTION COMMITTEE - FEDERAL

Mailing Address 82 DEVONSHIRE STREET

City

BOSTON

State

MA

Zip Code

02109

FEC ID number of contributing
federal political committee.

C C00380550

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C5345

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)

GENERAL DYNAMICS VOLUNTARY POLITICAL CONTRIBUTION PLAN

Mailing Address 3190 FAIRVIEW PARK DRIVE

City

FALLS CHURCH

State

VA

Zip Code

22042

FEC ID number of contributing
federal political committee.

C C00078451

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C5440

Amount of Each Receipt this Period

2500.00

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

C.

Full Name (Last, First, Middle Initial)

GREYHOUND LINES POLITICAL ACTION COMMITTEE

Mailing Address 15110 N DALLAS PARKWAY

City

DALLAS

State

TX

Zip Code

75248

FEC ID number of contributing
federal political committee.

C C00215129

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C5433

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

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

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☐ 11a ☐ 11b ☒ 11c ☐ 11d
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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)
GROOM LAW GROUP CHARTERED PAC

Mailing Address 1701 PENNSYLVANIA AVE NW

City State Zip Code
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C** C00394775

Name of Employer Occupation

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 2 4 / 2 0 0 7

Transaction ID: C5499

Amount of Each Receipt this Period

2000.00

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

B.

Full Name (Last, First, Middle Initial)
GROOM LAW GROUP CHARTERED PAC

Mailing Address 1701 PENNSYLVANIA AVE NW

City State Zip Code
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C** C00394775

Name of Employer Occupation

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 2 6 / 2 0 0 7

Transaction ID: C5286

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)
HARRAHS ENTERTAINMENT INC, PAC

Mailing Address One Harrah's Court

City State Zip Code
Las Vegas NV 89119

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

Name of Employer Occupation

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 2 1 / 2 0 0 7

Transaction ID: C5428

Amount of Each Receipt this Period

2500.00

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

SUBTOTAL of Receipts This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial) HARTFORD FINANCIAL SERVICES GROUP INC ADVOCATES FUND FKA (HARTFORD ADVOCATES FUND)

Mailing Address HARTFORD PLAZA
HARTFORD PLAZA

City State Zip Code
HARTFORD CT 06115

FEC ID number of contributing federal political committee. **C** C00168864

Name of Employer

Occupation

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 3000.00

Date of Receipt

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

Transaction ID: C5524

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) HARTFORD FINANCIAL SERVICES GROUP INC ADVOCATES FUND FKA (HARTFORD ADVOCATES FUND)

Mailing Address HARTFORD PLAZA
HARTFORD PLAZA

City State Zip Code
HARTFORD CT 06115

FEC ID number of contributing federal political committee. **C** C00168864

Name of Employer

Occupation

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 2 4 / 2 0 0 7

Transaction ID: C5288

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) ING US PAC

Mailing Address 151 Farmington Ave
TS31

City State Zip Code
Hartford CT 06156

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

Name of Employer

Occupation

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 0 3 / 2 0 0 7

Transaction ID: C5526

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

INSTITUTE OF SCRAP RECYCLING INDUSTRIES POLITICAL ACTION COMMITTEE

Mailing Address 1325 G STREET NW SUITE 1000

City

WASHINGTON

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C C00046086

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 3 / 2 0 0 7

Transaction ID: C5318

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)

INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS

Mailing Address 1750 NEW YORK NW

City

WASHINGTON

State

DC

Zip Code

20006

FEC ID number of contributing
federal political committee.

C C70003108

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 7

Transaction ID: C5292

Amount of Each Receipt this Period

2500.00

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

C.

Full Name (Last, First, Middle Initial)

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS COMMITTEE ON POLITICAL EDUCATION

Mailing Address 1125 15TH ST N.W.

City

WASHINGTON

State

DC

Zip Code

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 ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: C5452

Amount of Each Receipt this Period

2500.00

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

SUBTOTAL of Receipts This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)
INTERNATIONAL UNION OF OPERATING ENGINEERS

Mailing Address 1125 17th St., NW

City State Zip Code
Washington DC 20036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: C5471

Amount of Each Receipt this Period

2500.00

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

B.

Full Name (Last, First, Middle Initial)
INTERNATIONAL UNION OF PAINTERS AND ALLIED TRADES POLITICAL ACTION TOGETHER POLITICAL

Mailing Address 1750 New York Avenue NW

City State Zip Code
Washington DC 20006

FEC ID number of contributing
federal political committee.

C

C00000885

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

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

Transaction ID: C5523

Amount of Each Receipt this Period

3000.00

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

C.

Full Name (Last, First, Middle Initial)
INTERNATIONAL UNION OF PAINTERS AND ALLIED TRADES POLITICAL ACTION TOGETHER POLITICAL

Mailing Address 1750 New York Avenue NW

City State Zip Code
Washington DC 20006

FEC ID number of contributing
federal political committee.

C

C00000885

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: C5511

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)

6500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 95 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

INVESCO PLC PAC

Mailing Address 1360 Peachtree St., NE

City

Atlanta

State

GA

Zip Code

30309

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: C5450

Amount of Each Receipt this Period

2000.00

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

B.

Full Name (Last, First, Middle Initial)

INVESTMENT COMPANY INST PAC

Mailing Address 1401 H St., NW
#1200

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3769.29

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: C5502

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)

INVESTMENT COMPANY INST PAC

Mailing Address 1401 H St., NW
#1200

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3769.29

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 7

Transaction ID: C5564

Amount of Each Receipt this Period

2769.29

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

SUBTOTAL of Receipts This Page (optional)

5769.29

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

J.P. MORGAN CHASE & CO. FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address 230 Park Avenue 21st Floor

City	State	Zip Code
New York	NY	10169

FEC ID number of contributing
federal political committee.**C** C00104299

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

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

Transaction ID: C5248

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

J.P. MORGAN CHASE & CO. FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address 230 Park Avenue 21st Floor

City	State	Zip Code
New York	NY	10169

FEC ID number of contributing
federal political committee.**C** C00104299

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
0 9	/	2 1	/	2 0 0 7

Transaction ID: C5302

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)

JOHN HANCOCK FINANCIAL SERVICES INC FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address 200 Clarendon Street

City	State	Zip Code
Boston	MA	02116

FEC ID number of contributing
federal political committee.**C** C00137265

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 8	/	0 3	/	2 0 0 7

Transaction ID: C5525

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)**SUBTOTAL** of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

LINCOLN NATIONAL CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 1300 South Clinton Street
PO BOX 7813

City State Zip Code
Fort Wayne IN 46802

FEC ID number of contributing
federal political committee.

C C00110577

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: C5510

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)

LINCOLN NATIONAL CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 1300 South Clinton Street
PO BOX 7813

City State Zip Code
Fort Wayne IN 46802

FEC ID number of contributing
federal political committee.

C C00110577

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: C5355

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)

MACHINISTS NON PARTISAN POLITICAL LEAGUE

Mailing Address 9000 Machinists Place

City State Zip Code
Upper Marlboro MD 20772

FEC ID number of contributing
federal political committee.

C C00002469

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 7

Transaction ID: C5313

Amount of Each Receipt this Period

3000.00

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

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)
MACHINISTS NON PARTISAN POLITICAL LEAGUE

Mailing Address 9000 Machinists Place

City State Zip Code
Upper Marlboro MD 20772

FEC ID number of contributing federal political committee. **C** C00002469

Name of Employer Occupation

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 5000.00

Date of Receipt

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

Transaction ID: C5325

Amount of Each Receipt this Period

2000.00

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

B.

Full Name (Last, First, Middle Initial)
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

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 ▼
 4000.00

Date of Receipt

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

Transaction ID: C5517

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

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 ▼
 4000.00

Date of Receipt

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

Transaction ID: C5360

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 99 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)
MCKENNA LONG & ALDRIDGE LLP POLITICAL ACTION COMMI

Mailing Address 303 Peachtree St NE
Ste 5300

City State Zip Code
Atlanta GA 30308-3265

FEC ID number of contributing
federal political committee. **C** C00391383

Name of Employer Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: C5503

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)
MEBA PAF

Mailing Address 444 North Capitol St., NW

City State Zip Code
washington DC 20001

FEC ID number of contributing
federal political committee. **C** C00279380

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
0 9 / 1 0 / 2 0 0 7

Transaction ID: C5314

Amount of Each Receipt this Period

1500.00

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

C.

Full Name (Last, First, Middle Initial)
MEDCO HEALTH SOLUTIONS INC POLITICAL ACTION COMMITTEE (AKA: MEDCO HEALTH PAC)

Mailing Address 591 Redwood Hwy. #4000
MAIL STOP E3-13

City State Zip Code
Mill Valley CA 94941

FEC ID number of contributing
federal political committee. **C** C00384362

Name of Employer Occupation

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 7

Transaction ID: C5296

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)

4500.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)
METLIFE INC. EMPLOYEES' POLITICAL PARTICIPATION FUND A

Mailing Address 27-01 Queens Plaza North Area 4-D
Area 4D

City State Zip Code
Long Island City NY 11101

FEC ID number of contributing
federal political committee. **C** C00040923

Name of Employer Occupation

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt

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

Transaction ID: C5333

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)
MFS Federal PAC

Mailing Address 500 Boylston St.
6th Fl.

City State Zip Code
Boston MA 02116

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

Name of Employer Occupation

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C5438

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)
MORGAN STANLEY POLITICAL ACTION COMMITTEE

Mailing Address 1585 Broadway 39th Floor

City State Zip Code
New York NY 10036

FEC ID number of contributing
federal political committee. **C** C00337626

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
0 9 / 1 3 / 2 0 0 7

Transaction ID: C5306

Amount of Each Receipt this Period

2500.00

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

SUBTOTAL of Receipts This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 101 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Mutual of Omaha co. PAC

Mailing Address Mutual of Omaha Plaza

City

Omaha

State

NE

Zip Code

68175

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

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	0	7

Transaction ID: C5287

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)

NAPUS PAC FOR POSTMASTERS (FKA POLITICAL EDUCATION FOR POSTMASTERS)

Mailing Address 8 HERBERT STREET

City

ALEXANDRIA

State

VA

Zip Code

22305

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

C00100404

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C5341

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

NATIONAL ACTION COMMITTEE (NACPAC)

Mailing Address 3389 Sheridan St.
#424

City

Hollywood

State

FL

Zip Code

33021

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

C00147983

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	7

Transaction ID: C5472

Amount of Each Receipt this Period

2000.00

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

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 102 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial) NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATAC)

Mailing Address 1325 Massachusetts Ave. NW

City State Zip Code
 Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00238725

Name of Employer Occupation

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt

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

Transaction ID: C5377

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) NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS POLITICAL ACTION COMMITTEE

Mailing Address 2901 Telestar Court

City State Zip Code
 Falls Church VA 22042

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

Name of Employer Occupation

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 4000.00

Date of Receipt

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

Transaction ID: C5335

Amount of Each Receipt this Period

1500.00

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

C. Full Name (Last, First, Middle Initial) National Association of Rehabilitation Agencies, NARA PAC

Mailing Address 1155 21st St, NW
 Suite 300

City State Zip Code
 Washington DC 20036

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

Name of Employer Occupation

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: C5455

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)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 103 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1101 King Street Suite 600
Suite 600City State Zip Code
Alexandria VA 22314FEC ID number of contributing
federal political committee.**C** C00144766

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: C5327

Amount of Each Receipt this Period

2500.00

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

Full Name (Last, First, Middle Initial)

NATIONAL CHILD CARE ASSOCIATION INC POLITICAL ACTION COMMITTEE

Mailing Address 2025 M Street NW
Suite 800City State Zip Code
Washington DC 20036FEC ID number of contributing
federal political committee.**C** C00385567

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: C5508

Amount of Each Receipt this Period

500.00

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

Full Name (Last, First, Middle Initial)

NATIONAL COURT REPORTERS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 8224 OLD COURTHOUSE ROAD

City State Zip Code
VIENNA VA 22182FEC ID number of contributing
federal political committee.**C** C00146506

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C5375

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)

3500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 104 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial) NATIONAL EMERGENCY MEDICINE PAC OF THE AMERICAN COLLEGE OF EMERGENCY PHYSICIANS

Mailing Address 1125 EXECUTIVE CIRCLE

City State Zip Code
 IRVING TX 75038

FEC ID number of contributing federal political committee. **C** C00140061

Name of Employer Occupation

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 2 5 / 2 0 0 7

Transaction ID: C5294

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) NATIONAL PEST MANAGEMENT ASSOC PAC

Mailing Address 8100 Oak St,

City State Zip Code
 Dunn Loring VA 22027

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

Name of Employer Occupation

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt

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

Transaction ID: C5328

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) NAUS PAC

Mailing Address 5535 Hempstead Way

City State Zip Code
 Springfield VA 22151

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
 0 9 / 2 8 / 2 0 0 7

Transaction ID: C5372

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 105 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

NEW YORK LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 51 Madison Ave.
Room 117MCity State Zip Code
New York NY 10010FEC ID number of contributing
federal political committee.**C** C00158881

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
0 9 / 2 6 / 2 0 0 7

Transaction ID: C5312

Amount of Each Receipt this Period

2500.00

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

Full Name (Last, First, Middle Initial)

NOVARTIS CORPORATION POLITICAL ACTION COMMITTEE (A.K.A. NOVARTIS PAC)

Mailing Address 701 Pennsylvania Ave. NW
Suite 725City State Zip Code
Washington DC 20004FEC ID number of contributing
federal political committee.**C** C00033969

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: C5456

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)

OPPENHEIMERFUNDS INC. POLITICAL ACTION COMMITTEE

Mailing Address 1295 State Street

City State Zip Code
Springfield MA 01111FEC ID number of contributing
federal political committee.**C** C00367920

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 7

Transaction ID: C5303

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)**SUBTOTAL** of Receipts This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 106 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

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

Mailing Address 1295 State Street

City State Zip Code
Springfield MA 01111

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

Name of Employer Occupation

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 2 6 / 2 0 0 7

Transaction ID: C5304

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)
PHYSICAL THERAPY POLITICAL ACTION COMMITTEE

Mailing Address 1111 North Fairfax Street

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing
federal political committee. **C** C00012880

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
 0 9 / 2 8 / 2 0 0 7

Transaction ID: C5326

Amount of Each Receipt this Period

1500.00

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

C.

Full Name (Last, First, Middle Initial)
PRINCIPAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 711 HIGH ST/GOVERNMENT RELATIONS

City State Zip Code
DES MOINES IA 50392

FEC ID number of contributing
federal political committee. **C** C00128918

Name of Employer Occupation

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: C5478

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)

3500.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)
PROFESSIONAL AIRWAYS SYSTEMS SPECIALISTS

Mailing Address 1150 17th Street NW Suite 702

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00286807

Name of Employer Occupation

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 7

Transaction ID: C5567

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)
RAYTHEON COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 870 Winter Street

City State Zip Code
Waltham MA 02451

FEC ID number of contributing federal political committee. **C** C00097568

Name of Employer Occupation

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt

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

Transaction ID: C5334

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)
RECREATIONAL FISHING ALLIANCE INC PAC (RFA PAC)

Mailing Address PO BOX 3080 RT 9 ON THE BASS RIVER

City State Zip Code
NEW GRETNA NJ 08224

FEC ID number of contributing federal political committee. **C** C00363812

Name of Employer Occupation

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 7

Transaction ID: C5321

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

SAPEC-NJ

Mailing Address 411 North Ave East

City

Cranford

State

NJ

Zip Code

07016

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

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C5432

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)

SCIENCE APPLICATIONS INTERNATIONAL CORPORATION VOLUNTARY POLITICAL ACTION COMMITTEE

Mailing Address 10260 CAMPUS POINT DRIVE F2

City

SAN DIEGO

State

CA

Zip Code

92121

FEC ID number of contributing
federal political committee.

C

C00300418

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
0 9 / 2 8 / 2 0 0 7

Transaction ID: C5342

Amount of Each Receipt this Period

1500.00

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

C.

Full Name (Last, First, Middle Initial)

SEAFARERS POLITICAL ACTIVITY DONATION-SEAFARERS INTERNAT'L UNION OF NA-AGLIWD DISTRICT

Mailing Address 5201 AUTH WAY

City

CAMP SPRINGS

State

MD

Zip Code

20746

FEC ID number of contributing
federal political committee.

C

C00004325

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 7

Transaction ID: C5258

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)

2750.00

TOTAL This Period (last page this line number only)

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

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for each category of the
Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)
SHAW GROUP INC/STONE & WEBSTER INC. POLITICAL ACTION COMMITTEE

Mailing Address 1717 Pennsylvania Ave NW
Suite 900

City State Zip Code
Washington DC 20006

FEC ID number of contributing
federal political committee. **C** C00104885

Name of Employer Occupation

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Date of Receipt

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

Transaction ID: C5332

Amount of Each Receipt this Period

2500.00

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

B.

Full Name (Last, First, Middle Initial)
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 ▼
6500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: C5504

Amount of Each Receipt this Period

5000.00

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

C.

Full Name (Last, First, Middle Initial)
The Financial Services Roundtable PAC

Mailing Address 1001 Pennsylvania Ave

City State Zip Code
Washington DC 20004

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

Name of Employer Occupation

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

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

Transaction ID: C5362

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)

8500.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

TIAA-CREF PAC

Mailing Address 1101 Pennsylvania Ave., NW
Suite 800

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: C5512

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)

U A LOCAL UNION 322 PLUMBERS & PIPEFITTERS PAC

Mailing Address 534 S. RT 73

City State Zip Code
WINSLOW NJ 08095

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: C5507

Amount of Each Receipt this Period

5000.00

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

C.

Full Name (Last, First, Middle Initial)

UNITE HERE TIP CAMPAIGN COMMITTEE

Mailing Address 275 Seventh Ave. 10th Floor

City State Zip Code
New York NY 10001

FEC ID number of contributing
federal political committee.

C C00004861

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 7

Transaction ID: C5297

Amount of Each Receipt this Period

3000.00

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

SUBTOTAL of Receipts This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

UNITED TRANSPORTATION UNION (UTU) TRANSPORTATION POLITICAL EDUCATION LEAGUE

Mailing Address 14600 DETROIT AVENUE

City

CLEVELAND

State

OH

Zip Code

44107

FEC ID number of contributing
federal political committee.

C C00001636

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C5514

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)

UPSPAC

Mailing Address 55 Glenlake Parkway, NE

City

Atlanta

State

GA

Zip Code

30328

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5359

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)

US-CUBA DEMOCRACY POLITICAL ACTION COMMITTEE

Mailing Address 1200 WEST 49TH STREET

City

HIALEAH

State

FL

Zip Code

33012

FEC ID number of contributing
federal political committee.

C C00387720

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: C5479

Amount of Each Receipt this Period

4000.00

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

SUBTOTAL of Receipts This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 112 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

US-CUBA DEMOCRACY POLITICAL ACTION COMMITTEE

Mailing Address 1200 WEST 49TH STREET

City

HIALEAH

State

FL

Zip Code

33012

FEC ID number of contributing
federal political committee.**C** C00387720

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

6000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	7

Transaction ID: C5480

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)

VALERO ENERGY CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address P.O. BOX 500

City

SAN ANTONIO

State

TX

Zip Code

78292

FEC ID number of contributing
federal political committee.**C** C00109546

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C5265

Amount of Each Receipt this Period

2500.00

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

Full Name (Last, First, Middle Initial)

VANGUARD COMMITTEE FOR RESPONSIBLE GOVERNMENT

Mailing Address 400 Devon Park Dr.

City

Wayne

State

PA

Zip Code

19087

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

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	0	7

Transaction ID: C5260

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
SUBTOTAL of Receipts This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

VEN-PAC

Mailing Address PO BOX 83142

City

GAITHERSBURG

State

MD

Zip Code

20883

FEC ID number of contributing
federal political committee.**C** C00369660

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: C5365

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)

WACHOVIA CORPORATION EMPLOYEES GOOD GOVERNMENT FEDERAL FUND II

Mailing Address 301 S COLLEGE ST
ATTN: BRENDA BRADLEY

City

CHARLOTTE

State

NC

Zip Code

28288

FEC ID number of contributing
federal political committee.**C** C00300178

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
0	9		1	4		2	0	0	7

Transaction ID: C5451

Amount of Each Receipt this Period

1500.00

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

Full Name (Last, First, Middle Initial)

WACHOVIA CORPORATION EMPLOYEES GOOD GOVERNMENT FEDERAL FUND II

Mailing Address 301 S COLLEGE ST
ATTN: BRENDA BRADLEY

City

CHARLOTTE

State

NC

Zip Code

28288

FEC ID number of contributing
federal political committee.**C** C00300178

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
0	9		2	8		2	0	0	7

Transaction ID: C5356

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)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 114 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

WELLPOINT HEALTH NETWORKS WELLPAC

Mailing Address 1 WellPoint Way T2-1A6

City

Thousand Oaks

State

CA

Zip Code

91362

FEC ID number of contributing
federal political committee.**C** C00197228

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C5331

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)

WILLIAMS AND JENSEN PLLC POLITICAL ACTION COMMITTEE

Mailing Address 1155 21st Street NW
Suite 300

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing
federal political committee.**C** C00039206

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	8		1	0		2	0	0	7

Transaction ID: C5521

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)

2000.00

TOTAL This Period (last page this line number only)

160269.29

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 115 / 307

(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 checked="" type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

America West Airlines

Mailing Address 4000 E Sky Harbor Blvd

City

Phoenix

State

AZ

Zip Code

85034-3802

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

952.04

Date of Receipt

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

Transaction ID: C5249

Amount of Each Receipt this Period

952.04

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]* lost luggage re-imburse-
ment

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

0.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 116 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

First Colonial National Bank

Mailing Address 1040 Haddon Ave

City

Collingswood

State

NJ

Zip Code

08108-2046

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

73813.77

Date of Receipt

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

Transaction ID: C5576

Amount of Each Receipt this Period

203.30

☐ 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 Ave

City

Collingswood

State

NJ

Zip Code

08108-2046

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

73813.77

Date of Receipt

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

Transaction ID: C5577

Amount of Each Receipt this Period

4350.33

☐ 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 Ave

City

Collingswood

State

NJ

Zip Code

08108-2046

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

73813.77

Date of Receipt

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

Transaction ID: C5578

Amount of Each Receipt this Period

1134.16

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

SUBTOTAL of Receipts This Page (optional)

5687.79

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 117 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

First Colonial National Bank

Mailing Address 1040 Haddon Ave

City

Collingswood

State

NJ

Zip Code

08108-2046

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

73813.77

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: C5572

Amount of Each Receipt this Period

4350.33

☐ 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 Ave

City

Collingswood

State

NJ

Zip Code

08108-2046

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

73813.77

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: C5573

Amount of Each Receipt this Period

206.19

☐ 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 Ave

City

Collingswood

State

NJ

Zip Code

08108-2046

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

73813.77

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: C5574

Amount of Each Receipt this Period

2197.43

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

SUBTOTAL of Receipts This Page (optional)

6753.95

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 118 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

First Colonial National Bank

Mailing Address 1040 Haddon Ave

City

Collingswood

State

NJ

Zip Code

08108-2046

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

73813.77

Date of Receipt

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

Transaction ID: C5569

Amount of Each Receipt this Period

200.59

☐ 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 Ave

City

Collingswood

State

NJ

Zip Code

08108-2046

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

73813.77

Date of Receipt

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

Transaction ID: C5570

Amount of Each Receipt this Period

4210.00

☐ 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 Ave

City

Collingswood

State

NJ

Zip Code

08108-2046

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

73813.77

Date of Receipt

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

Transaction ID: C5571

Amount of Each Receipt this Period

2126.55

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

SUBTOTAL of Receipts This Page (optional)

6537.14

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 / 307

(check only one)

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

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

Mailing Address 301 Greentree Rd

City State Zip Code
Sewell NJ 08080-9217
FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
6233.55

Date of Receipt

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

Transaction ID: C5579

Amount of Each Receipt this Period

632.82

☐ 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 Rd

City State Zip Code
Sewell NJ 08080-9217
FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
6233.55

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: C5575

Amount of Each Receipt this Period

632.82

☐ 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 Rd

City State Zip Code
Sewell NJ 08080-9217
FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
6233.55

Date of Receipt

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

Transaction ID: C5568

Amount of Each Receipt this Period

612.40

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

SUBTOTAL of Receipts This Page (optional)

1878.04

TOTAL This Period (last page this line number only)

20856.92

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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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
 Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial) 1-800 flowers inc Mailing Address online order	Transaction ID: D4764 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 6 / 2 0 0 7</div> </div>
City New York State NY Zip Code 11514 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) ▼	Amount of Each Disbursement this Period <div>82.98</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000
B. Full Name (Last, First, Middle Initial) 1-800 flowers inc Mailing Address online order City New York State NY Zip Code 11514 Purpose of Disbursement flower 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) ▼	Transaction ID: D4786 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 2 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>72.98</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000
C. Full Name (Last, First, Middle Initial) 1-800 flowers inc Mailing Address online order City New York State NY Zip Code 11514 Purpose of Disbursement flower 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) ▼	Transaction ID: D5113 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 8 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>82.98</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

X	17		18		19a		19b
	20a		20b		20c		21

Rob Andrews U.S. House Committee

FEC Schedule B (Form 3) (Revised 02/2003)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 122 / 307

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
 Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial) 1-800 flowers inc Mailing Address online order	Transaction ID: D5273 Date of Disbursement <div> <div>09</div> <div>27</div> <div>2007</div> </div>
City New York State NY Zip Code 11514 Purpose of Disbursement gift for donor 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) ▼	Amount of Each Disbursement this Period <div>132.98</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000
B. Full Name (Last, First, Middle Initial) 1-800 flowers inc Mailing Address online order City New York State NY Zip Code 11514 Purpose of Disbursement flowers for donor 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: D5277 Date of Disbursement <div> <div>09</div> <div>28</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>72.98</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000
C. Full Name (Last, First, Middle Initial) 24/7 Commuications Inc Mailing Address 900 Rt 168 A-3 City Turnersville State NJ Zip Code 08012 Purpose of Disbursement answering service 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: D4375 Date of Disbursement <div> <div>09</div> <div>27</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>103.14</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
SUBTOTAL of Disbursements This Page (optional) ▶	<div>103.14</div>
TOTAL This Period (last page this line number only) ▶	

X	17		18		19a		19b
	20a		20b		20c		21

Rob Andrews U.S. House Committee

FEC Schedule B (Form 3) (Revised 02/2003)

X	17		18		19a		19b
	20a		20b		20c		21

NAME OF COMMITTEE (In Full)
Rob Andrews U.S. House Committee

FEC Schedule B (Form 3) (Revised 02/2003)

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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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
 Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial) ADP EasyPay Mailing Address 99 Jefferson Rd	Transaction ID: D4957 Date of Disbursement <div> <div>08</div> <div>31</div> <div>2007</div> </div>
City Parsippany State NJ Zip Code 07054-2815 Purpose of Disbursement ADP-salary,fees, IRA 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:	Amount of Each Disbursement this Period <div>4541.43</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) ADP EasyPay Mailing Address 99 Jefferson Rd City Parsippany State NJ Zip Code 07054-2815 Purpose of Disbursement ADP-salary, fees, IRA, Taxes 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:	Transaction ID: D4962 Date of Disbursement <div> <div>07</div> <div>31</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>4554.44</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Amazon.com Mailing Address PO Box 81226 City Seattle State WA Zip Code 98108-1300 Purpose of Disbursement office expense 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:	Transaction ID: D5158 Date of Disbursement <div> <div>09</div> <div>05</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>14.19</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000

SUBTOTAL of Disbursements This Page (optional)

9095.87

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)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

America

Mailing Address 50 Massachusetts AveNE

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4779

Date of Disbursement

/ /

Amount of Each Disbursement this Period

75.38

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

[MEMO ITEM]

10084000

B.

Full Name (Last, First, Middle Initial)

America

Mailing Address 50 Massachusetts AveNE

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5160

Date of Disbursement

/ /

Amount of Each Disbursement this Period

37.79

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

[MEMO ITEM]

10084000

C.

Full Name (Last, First, Middle Initial)

America

Mailing Address 50 Massachusetts AveNE

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5184

Date of Disbursement

/ /

Amount of Each Disbursement this Period

42.14

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

[MEMO ITEM]

10084000

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 PageFOR 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)

Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial) American Air		Transaction ID: D4863 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>0</td><td>7</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	7		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	7		2	7		2	0	0	7													
Mailing Address 4255 Amon Carter Blvd		Amount of Each Disbursement this Period <table border="1"> <tr> <td>784.80</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000	784.80																			
784.80																						
City Fort Worth State TX Zip Code 76155-2603																						
Purpose of Disbursement travel expense-airfare																						
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) ▼																					
B. Full Name (Last, First, Middle Initial) American Air		Transaction ID: D4864 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>0</td><td>7</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	7		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	7		2	7		2	0	0	7													
Mailing Address 4255 Amon Carter Blvd		Amount of Each Disbursement this Period <table border="1"> <tr> <td>784.80</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000	784.80																			
784.80																						
City Fort Worth State TX Zip Code 76155-2603																						
Purpose of Disbursement travel-airfare																						
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) ▼																					
C. Full Name (Last, First, Middle Initial) American Air		Transaction ID: D4925 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>0</td><td>8</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		0	8		2	0	0	7													
Mailing Address 4255 Amon Carter Blvd		Amount of Each Disbursement this Period <table border="1"> <tr> <td>266.80</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000	266.80																			
266.80																						
City Fort Worth State TX Zip Code 76155-2603																						
Purpose of Disbursement travel-airfare																						
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)

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 PageFOR 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)

Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial) American Air Mailing Address 4255 Amon Carter Blvd City Fort Worth State TX Zip Code 76155-2603 Purpose of Disbursement travel-airfare 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: D4926 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>0</td><td>8</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>266.80</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	8		2	0	0	7	266.80
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		0	8		2	0	0	7														
266.80																							
B. Full Name (Last, First, Middle Initial) AMERICAN COUNCIL OF LIFE INSURERS PAC Mailing Address 101 Constitution Avenue NW Suite 700 West City Washington State DC Zip Code 20001 Purpose of Disbursement In-kind - AFC event host Candidate Name AMERICAN COUNCIL OF LIFE INSURERS PAC 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: D4479 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>0</td><td>7</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> 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	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	3		2	0	0	7	550.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	7		2	3		2	0	0	7														
550.00																							
C. Full Name (Last, First, Middle Initial) Amtrak Mailing Address station avenue City Haddon Heights State NJ Zip Code 08035 Purpose of Disbursement travel-train 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: D5265 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>0</td><td>9</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>43.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	6		2	0	0	7	43.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		2	6		2	0	0	7														
43.00																							

SUBTOTAL of Disbursements This Page (optional)

550.00

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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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
 Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial) Amtrak Mailing Address station avenue	Transaction ID: D5267 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 6 / 2 0 0 7</div> </div>
City Haddon Heights State NJ Zip Code 08035 Purpose of Disbursement travel expense 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:	Amount of Each Disbursement this Period <div>149.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000
B. Full Name (Last, First, Middle Initial) Anthony's Restaurant Mailing Address Station Avenue City Haddon Heights State NJ Zip Code 08035 Purpose of Disbursement food expense 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:	Transaction ID: D5280 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 8 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>196.96</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000
C. Full Name (Last, First, Middle Initial) Apple Store Mailing Address 500 Route 73 S City Marlton State NJ Zip Code 08053-2084 Purpose of Disbursement office electronic expense 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:	Transaction ID: D5156 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 4 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>1762.35</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

X	17		18		19a		19b
	20a		20b		20c		21

NAME OF COMMITTEE (In Full)
Rob Andrews U.S. House Committee

FEC Schedule B (Form 3) (Revised 02/2003)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR 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)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

April Robin Florist

Mailing Address 620 Station Ave

City
Haddon HeightsState
NJZip Code
08035-1907Purpose of Disbursement
gift/flowers for donor

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4886

Date of Disbursement

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

Amount of Each Disbursement this Period

132.15

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

B.

Full Name (Last, First, Middle Initial)

April Robin Florist

Mailing Address 620 Station Ave

City
Haddon HeightsState
NJZip Code
08035-1907Purpose of Disbursement
flowers for donor

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5169

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	6		2	0	0	7

Amount of Each Disbursement this Period

88.28

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

C.

Full Name (Last, First, Middle Initial)

April Robin Florist

Mailing Address 620 Station Ave

City
Haddon HeightsState
NJZip Code
08035-1907Purpose of Disbursement
flower expense

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4750

Date of Disbursement

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

Amount of Each Disbursement this Period

62.06

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

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 PageFOR LINE NUMBER:
(check only one)

PAGE 132 / 307

<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)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

April Robin Florist

Mailing Address 620 Station Ave

City
Haddon HeightsState
NJZip Code
08035-1907Purpose of Disbursement
flowers/gift for donor

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4792

Date of Disbursement

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

Amount of Each Disbursement this Period

90.95

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

B.

Full Name (Last, First, Middle Initial)

asurion wireless

Mailing Address 8880 Ward Pkwy

City
Kansas CityState
MOZip Code
64114-2762Purpose of Disbursement
wireless phone insurance

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4883

Date of Disbursement

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

Amount of Each Disbursement this Period

50.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

C.

Full Name (Last, First, Middle Initial)

AT&T

Mailing Address PO Box 2969

City
OmahaState
NEZip Code
68103-2969Purpose of Disbursement
Long distance bill

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4381

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	0	7

Amount of Each Disbursement this Period

138.27

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

SUBTOTAL of Disbursements This Page (optional)

138.27

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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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
 Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)
 AT&T

Mailing Address PO Box 2969

City Omaha State NE Zip Code 68103-2969

Purpose of Disbursement
 long distance bill

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4409

Date of Disbursement

/ /

Amount of Each Disbursement this Period

44.84

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

B.

Full Name (Last, First, Middle Initial)
 AT&T

Mailing Address PO Box 2969

City Omaha State NE Zip Code 68103-2969

Purpose of Disbursement
 long distance bill

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4421

Date of Disbursement

/ /

Amount of Each Disbursement this Period

32.01

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

C.

Full Name (Last, First, Middle Initial)
 Atlantic Book Shops

Mailing Address 818 Boardwalk

City Ocean City State NJ Zip Code 08226-3617

Purpose of Disbursement
 press expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4762

Date of Disbursement

/ /

Amount of Each Disbursement this Period

53.43

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

[MEMO ITEM]
 10084000

SUBTOTAL of Disbursements This Page (optional)

76.85

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 PageFOR LINE NUMBER:
(check only one)

PAGE 134 / 307

<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)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Atlantic Book Shops

Mailing Address 818 Boardwalk

City
Ocean CityState
NJZip Code
08226-3617Purpose of Disbursement
press expense

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4918

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	8	/	2	0	0	7

Amount of Each Disbursement this Period

53.82

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

B.

Full Name (Last, First, Middle Initial)

Atlantic Book Shops

Mailing Address 818 Boardwalk

City
Ocean CityState
NJZip Code
08226-3617Purpose of Disbursement
press expense

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4938

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	3	/	2	0	0	7

Amount of Each Disbursement this Period

109.35

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

C.

Full Name (Last, First, Middle Initial)

au bon pain

Mailing Address 2951 Market St

City
PhiladelphiaState
PAZip Code
19104Purpose of Disbursement
food expense

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4770

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	8	/	2	0	0	7

Amount of Each Disbursement this Period

19.15

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

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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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Au Premiere Transportation

Mailing Address 805 Creek Rd

City
Bellmawr

State
NJ

Zip Code
08031-1660

Purpose of Disbursement
transportation expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4418

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

B.

Full Name (Last, First, Middle Initial)

Auto shine

Mailing Address 300 N Black Horse Pike

City
Mount Ephraim

State
NJ

Zip Code
08059-1313

Purpose of Disbursement
auto expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5255

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

10084000

C.

Full Name (Last, First, Middle Initial)

Barnes & Noble

Mailing Address 200 W Route 70

City
Marlton

State
NJ

Zip Code
08053-1634

Purpose of Disbursement
office press

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5264

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

10084000

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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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
 Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial) David Baxter Mailing Address 1641 Tori Ln	Transaction ID: D4406 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 2 / 2 0 0 7</div> </div>
City Vineland State NJ Zip Code 08361-8657 Purpose of Disbursement gratuity 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:	Amount of Each Disbursement this Period <div> <div></div> <div>246.00</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Bellmawr Lake Catering Mailing Address 850 Creek Rd City Bellmawr State NJ Zip Code 08031-1661 Purpose of Disbursement AFC picnic-catering 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:	Transaction ID: D4386 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 6 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>16250.00</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Best Buy Mailing Address Deptford Center ROad City Deptford State NJ Zip Code 08096 Purpose of Disbursement office supplies 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:	Transaction ID: D4795 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 3 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>159.00</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000

SUBTOTAL of Disbursements This Page (optional)

16496.00

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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Best Buy

Mailing Address Deptford Center ROad

City State Zip Code
 Deptford NJ 08096

Purpose of Disbursement
 office expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5110

Date of Disbursement

/ /

Amount of Each Disbursement this Period

257.85

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

[MEMO ITEM]

10084000

B.

Full Name (Last, First, Middle Initial)

Best Buy

Mailing Address Deptford Center ROad

City State Zip Code
 Deptford NJ 08096

Purpose of Disbursement
 office supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5143

Date of Disbursement

/ /

Amount of Each Disbursement this Period

202.22

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

[MEMO ITEM]

10084000

C.

Full Name (Last, First, Middle Initial)

Best Buy

Mailing Address Deptford Center ROad

City State Zip Code
 Deptford NJ 08096

Purpose of Disbursement
 office expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5151

Date of Disbursement

/ /

Amount of Each Disbursement this Period

63.13

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

[MEMO ITEM]

10084000

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 PageFOR 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)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Best Buy

Mailing Address Deptford Center ROAd

City State Zip Code
Deptford NJ 08096Purpose of Disbursement
office expense

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5152

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	0	7

Amount of Each Disbursement this Period

64.18

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

B.

Full Name (Last, First, Middle Initial)

Best Buy

Mailing Address Deptford Center ROAd

City State Zip Code
Deptford NJ 08096Purpose of Disbursement
office expense

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5153

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	0	7

Amount of Each Disbursement this Period

169.06

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

C.

Full Name (Last, First, Middle Initial)

Best Buy

Mailing Address Deptford Center ROAd

City State Zip Code
Deptford NJ 08096Purpose of Disbursement
office expense

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5154

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	0	7

Amount of Each Disbursement this Period

256.77

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

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 PageFOR 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)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Best Buy

Mailing Address Deptford Center ROAd

City State Zip Code
Deptford NJ 08096Purpose of Disbursement
office electronics expense

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5155

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	0	7

Amount of Each Disbursement this Period

1752.49

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

B.

Full Name (Last, First, Middle Initial)

Best Buy

Mailing Address Deptford Center ROAd

City State Zip Code
Deptford NJ 08096Purpose of Disbursement
office expense

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5173

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	6		2	0	0	7

Amount of Each Disbursement this Period

425.83

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

C.

Full Name (Last, First, Middle Initial)

Best Limo

Mailing Address 7472 Warner Ave

City State Zip Code
Huntington Beach CA 92647-5441Purpose of Disbursement
travel/auto expense

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4888

Date of Disbursement

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

Amount of Each Disbursement this Period

385.95

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

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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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
 Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial) Best Limo Mailing Address 7472 Warner Ave	Transaction ID: D4893 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 1 / 2 0 0 7</div> </div>
City State Zip Code Huntington Beach CA 92647-5441 Purpose of Disbursement auto expense 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:	Amount of Each Disbursement this Period <div> <div></div> <div>322.11</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000
B. Full Name (Last, First, Middle Initial) Best Photo Mailing Address 14889 Brace ROad City State Zip Code Cherry Hill NJ 08002 Purpose of Disbursement press expense 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:	Transaction ID: D5165 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 5 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>896.91</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000
C. Full Name (Last, First, Middle Initial) BJ Wholesale Club Mailing Address Lenola ROad City State Zip Code Maple Shade NJ 08055 Purpose of Disbursement office supply expense 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:	Transaction ID: D4881 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 1 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>770.95</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000

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 PageFOR 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)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

BJ Wholesale Club

Mailing Address Lenola ROad

City

Maple Shade

State

NJ

Zip Code

08055

Purpose of Disbursement
office supplies

Candidate Name

Category/
Type

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

2008

☒ Primary☐ General☐ Other (specify) ▼

State:

District:

Transaction ID: D5119

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	7	

Amount of Each Disbursement this Period

695.57

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]

10084000

B.

Full Name (Last, First, Middle Initial)

Bread Board Plus

Mailing Address Haddon Avenue

City

Haddonfield

State

NJ

Zip Code

08033

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

2008

☒ Primary☐ General☐ Other (specify) ▼

State:

District:

Transaction ID: D4944

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	7	

Amount of Each Disbursement this Period

149.86

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]

10084000

C.

Full Name (Last, First, Middle Initial)

Build a Bear Wkshp

Mailing Address Cherry Hill Mall
Rt 38

City

Cherry Hill

State

NJ

Zip Code

08034

Purpose of Disbursement
gift for donor

Candidate Name

Category/
Type

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

2008

☒ Primary☐ General☐ Other (specify) ▼

State:

District:

Transaction ID: D5163

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	7	

Amount of Each Disbursement this Period

113.15

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]

10084000

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 PageFOR 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)

Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial) Caffè Lamberti Mailing Address Rt 38	Transaction ID: D4745 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>0</td><td>7</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	3		2	0	0	7	
M	M	/	D	D	/	Y	Y	Y	Y													
0	7		0	3		2	0	0	7													
City Cherry Hill State NJ Zip Code 08034 Purpose of Disbursement food expense 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:	Amount of Each Disbursement this Period <table border="1"> <tr> <td>50.52</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000	50.52																				
50.52																						
B. Full Name (Last, First, Middle Initial) Caffè Lamberti Mailing Address Rt 38 City Cherry Hill State NJ Zip Code 08034 Purpose of Disbursement food expense 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:	Transaction ID: D5144 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>0</td><td>8</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>220.13</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000	M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	1		2	0	0	7	220.13
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		3	1		2	0	0	7													
220.13																						
C. Full Name (Last, First, Middle Initial) camilles sidewalk cafe Mailing Address 43901 15th St W City Lancaster State CA Zip Code 93534-4731 Purpose of Disbursement food expense 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:	Transaction ID: D4866 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>0</td><td>7</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>7.56</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	8		2	0	0	7	7.56
M	M	/	D	D	/	Y	Y	Y	Y													
0	7		2	8		2	0	0	7													
7.56																						

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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

camilles sidewalk cafe

Mailing Address 43901 15th St W

City
Lancaster

State
CA

Zip Code
93534-4731

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4868

Date of Disbursement

/ /

Amount of Each Disbursement this Period

28.15

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

[MEMO ITEM]

10084000

B.

Full Name (Last, First, Middle Initial)

Capital City Limousine

Mailing Address PO Box 91077

City
Washington

State
DC

Zip Code
20090-1077

Purpose of Disbursement
travel-car service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4411

Date of Disbursement

/ /

Amount of Each Disbursement this Period

997.17

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

C.

Full Name (Last, First, Middle Initial)

Capital One Visa

Mailing Address PO Box 85184

City
Richmond

State
VA

Zip Code
23285-5184

Purpose of Disbursement
credit card bill

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4428

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1383.93

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

SUBTOTAL of Disbursements This Page (optional)

2381.10

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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
 Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial) Capital One Visa Mailing Address PO Box 85184	Transaction ID: D4442 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 3 1 / 2 0 0 7</div> </div>
City Richmond State VA Zip Code 23285-5184 Purpose of Disbursement credit card bill 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) ▼	Amount of Each Disbursement this Period <div>2231.93</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Capital One Visa Mailing Address PO Box 85184 City Richmond State VA Zip Code 23285-5184 Purpose of Disbursement credit card bill 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: D4480 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 3 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>2596.36</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Amanda Caruso Mailing Address 3207 Avalon Ct City Voorhees State NJ Zip Code 08043-4649 Purpose of Disbursement reimbursement-AFC luncheon 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: D4425 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 2 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>60.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

4888.29

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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Casel's supermarket

Mailing Address 8008 Ventnor Ave

City
Margate City

State
NJ

Zip Code
08402-2741

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5142

Date of Disbursement

/ /

Amount of Each Disbursement this Period

106.29

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

[MEMO ITEM]

10084000

B.

Full Name (Last, First, Middle Initial)

CATO travel

Mailing Address best efforts

City
Washington

State
DC

Zip Code
00000

Purpose of Disbursement
travel fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5258

Date of Disbursement

/ /

Amount of Each Disbursement this Period

20.00

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

[MEMO ITEM]

10084000

C.

Full Name (Last, First, Middle Initial)

Charlie Dietch

Mailing Address 10 Forest Hill Dr

City
Cherry Hill

State
NJ

Zip Code
08003-1707

Purpose of Disbursement
AFC picnic-DJ

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4387

Date of Disbursement

/ /

Amount of Each Disbursement this Period

550.00

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

SUBTOTAL of Disbursements This Page (optional)

550.00

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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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
 Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial) cheaptickets.com Mailing Address 7 Sylvan Way	Transaction ID: D4917 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 8 / 2 0 0 7</div> </div>
City Parsippany State NJ Zip Code 07054-3805 Purpose of Disbursement travel expense 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:	Amount of Each Disbursement this Period <div> <div></div> <div>9.98</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000
B. Full Name (Last, First, Middle Initial) Chocolate Heaven Mailing Address Atlantic & Station Avenue City Haddon Heights State NJ Zip Code 08035 Purpose of Disbursement gift for donor 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:	Transaction ID: D4808 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 4 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>1051.28</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000
C. Full Name (Last, First, Middle Initial) Chocolate Heaven Mailing Address Atlantic & Station Avenue City Haddon Heights State NJ Zip Code 08035 Purpose of Disbursement gift for donor 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:	Transaction ID: D4880 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 1 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>695.50</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000

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 PageFOR 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)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Chops Restaurant

Mailing Address 401 E City Ave

City
Bala CynwydState
PAZip Code
19004Purpose of Disbursement
food expense

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5185

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	7	

Amount of Each Disbursement this Period

25.14

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

B.

Full Name (Last, First, Middle Initial)

Citgo

Mailing Address White Horse Pike

City
Haddon HeightsState
NJZip Code
08035Purpose of Disbursement
auto-gas expense

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5208

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	7	

Amount of Each Disbursement this Period

52.01

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

C.

Full Name (Last, First, Middle Initial)

Commerce Bank Visa

Mailing Address PO Box 2580

City
Cherry HillState
NJZip Code
08034-0372Purpose of Disbursement
Credit card bill

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4502

Date of Disbursement

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

Amount of Each Disbursement this Period

25730.51

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**SUBTOTAL** of Disbursements This Page (optional)

25730.51

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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
 Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial) Commerce Bank Visa Mailing Address PO Box 2580	Transaction ID: D4668 Date of Disbursement <div> <div>08</div> <div>10</div> <div>2007</div> </div>
City Cherry Hill State NJ Zip Code 08034-0372 Purpose of Disbursement Credit card bill 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:	Amount of Each Disbursement this Period <div>18360.17</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Commerce Bank Visa Mailing Address PO Box 2580 City Cherry Hill State NJ Zip Code 08034-0372 Purpose of Disbursement credit card bill 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:	Transaction ID: D4809 Date of Disbursement <div> <div>08</div> <div>29</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>22695.52</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Courier Post Mailing Address Cuthbert ROad City Cherry Hill State NJ Zip Code 08003 Purpose of Disbursement press expense 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:	Transaction ID: D4747 Date of Disbursement <div> <div>07</div> <div>05</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>20.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000

SUBTOTAL of Disbursements This Page (optional) ►

41055.69

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR 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)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Cousin's

Mailing Address 104 Asbury Ave

City
Ocean CityState
NJZip Code
08226-4222Purpose of Disbursement
food expense

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4927

Date of Disbursement

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

Amount of Each Disbursement this Period

276.06

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

B.

Full Name (Last, First, Middle Initial)

Crysal Lake Diner

Mailing Address 571 East Cuthbert Blvd.

City
Haddon TownshipState
NJZip Code
08108Purpose of Disbursement
food expense

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5190

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	0	7

Amount of Each Disbursement this Period

48.76

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

C.

Full Name (Last, First, Middle Initial)

Cure Autism Now

Mailing Address 1060 State Rd

City
PrincetonState
NJZip Code
08540-1423Purpose of Disbursement
donation

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5134

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	0		2	0	0	7

Amount of Each Disbursement this Period

100.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

X	17		18		19a		19b
	20a		20b		20c		21

Rob Andrews U.S. House Committee

FEC Schedule B (Form 3) (Revised 02/2003)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR 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)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Maureen Doherty

Mailing Address PO Box 295

City
OaklynState
NJZip Code
08107-0295Purpose of Disbursement
compliance and reporting consulting

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4393

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	0		2	0	7	

Amount of Each Disbursement this Period

500.00

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

Full Name (Last, First, Middle Initial)

Maureen Doherty

Mailing Address PO Box 295

City
OaklynState
NJZip Code
08107-0295Purpose of Disbursement
compliance and reporting consulting

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4476

Date of Disbursement

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

Amount of Each Disbursement this Period

500.00

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

Full Name (Last, First, Middle Initial)

Maureen Doherty

Mailing Address PO Box 295

City
OaklynState
NJZip Code
08107-0295Purpose of Disbursement
cell phone reimbursement-data plan

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4477

Date of Disbursement

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

Amount of Each Disbursement this Period

44.99

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

SUBTOTAL of Disbursements This Page (optional)

1044.99

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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
 Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial) Stephen Dougherty Mailing Address 302 Mockingbird Ln	Transaction ID: D4389 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 4 / 2 0 0 7</div> </div>
City Swedesboro State NJ Zip Code 08085-1328 Purpose of Disbursement travel reimbursement 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:	Amount of Each Disbursement this Period <div> <div></div> <div>30.25</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Dunkin Donuts Mailing Address White Horse Pike City Lawnside State NJ Zip Code 08049 Purpose of Disbursement food expense 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:	Transaction ID: D4798 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 5 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>1.60</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000
C. Full Name (Last, First, Middle Initial) Dunkin Donuts Mailing Address White Horse Pike City Lawnside State NJ Zip Code 08049 Purpose of Disbursement food expense 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:	Transaction ID: D4799 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 5 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>3.40</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000

SUBTOTAL of Disbursements This Page (optional)

30.25

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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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Dunkin Donuts

Mailing Address White Horse Pike

City Lawnside State NJ Zip Code 08049

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5136

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4.50

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

[MEMO ITEM]

10084000

B.

Full Name (Last, First, Middle Initial)

Dunkin Donuts

Mailing Address White Horse Pike

City Lawnside State NJ Zip Code 08049

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5201

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4.86

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

[MEMO ITEM]

10084000

C.

Full Name (Last, First, Middle Initial)

Dunkin Donuts

Mailing Address White Horse Pike

City Lawnside State NJ Zip Code 08049

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5202

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5.81

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

[MEMO ITEM]

10084000

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:
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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Dunkin Donuts

Mailing Address White Horse Pike

City Lawnside State NJ Zip Code 08049

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5205

Date of Disbursement

/ /

Amount of Each Disbursement this Period

13.90

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

[MEMO ITEM]

10084000

B.

Full Name (Last, First, Middle Initial)

Dunkin Donuts

Mailing Address White Horse Pike

City Lawnside State NJ Zip Code 08049

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5209

Date of Disbursement

/ /

Amount of Each Disbursement this Period

67.66

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

[MEMO ITEM]

10084000

C.

Full Name (Last, First, Middle Initial)

Eckerd Drugs

Mailing Address Kings Hwy

City Audubon State NJ Zip Code 08108

Purpose of Disbursement
gift card for donor

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4936

Date of Disbursement

/ /

Amount of Each Disbursement this Period

105.95

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

[MEMO ITEM]

10084000

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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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Eckerd Drugs

Mailing Address Kings Hwy

City
Audubon

State
NJ

Zip Code
08108

Purpose of Disbursement
gift card for donor

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4937

Date of Disbursement

/ /

Amount of Each Disbursement this Period

105.95

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

[MEMO ITEM]

10084000

B.

Full Name (Last, First, Middle Initial)

Enterprise Rental Car

Mailing Address Rt.73

City
Moorestown

State
NJ

Zip Code
08057

Purpose of Disbursement
auto expense-car rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4874

Date of Disbursement

/ /

Amount of Each Disbursement this Period

254.79

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

[MEMO ITEM]

10084000

C.

Full Name (Last, First, Middle Initial)

Enterprise Rental Car

Mailing Address Rt.73

City
Moorestown

State
NJ

Zip Code
08057

Purpose of Disbursement
auto expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4914

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1845.22

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

[MEMO ITEM]

10084000

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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NAME OF COMMITTEE (In Full)
 Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial) extra space storage Mailing Address 339 White Horse Pike N	Transaction ID: D4744 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 2 / 2 0 0 7</div> </div>
City Lawnside State NJ Zip Code 08045-1133 Purpose of Disbursement office storage space rental 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:	Amount of Each Disbursement this Period <div>181.90</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000
B. Full Name (Last, First, Middle Initial) extra space storage Mailing Address 339 White Horse Pike N	Transaction ID: D4892 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 1 / 2 0 0 7</div> </div>
City Lawnside State NJ Zip Code 08045-1133 Purpose of Disbursement office- storage space rental 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:	Amount of Each Disbursement this Period <div>181.90</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000
C. Full Name (Last, First, Middle Initial) extra space storage Mailing Address 339 White Horse Pike N	Transaction ID: D5148 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 3 / 2 0 0 7</div> </div>
City Lawnside State NJ Zip Code 08045-1133 Purpose of Disbursement office-storage 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:	Amount of Each Disbursement this Period <div>181.90</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000

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

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NAME OF COMMITTEE (In Full)
 Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)
 ExxonMobil

Mailing Address Rt. 73

City Marlton State NJ Zip Code 08053

Purpose of Disbursement
 gas/auto expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4858

Date of Disbursement

/ /

Amount of Each Disbursement this Period

33.00

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

[MEMO ITEM]
 10084000

B.

Full Name (Last, First, Middle Initial)
 ExxonMobil

Mailing Address Rt. 73

City Marlton State NJ Zip Code 08053

Purpose of Disbursement
 gas/auto expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4878

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.75

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

[MEMO ITEM]
 10084000

C.

Full Name (Last, First, Middle Initial)
 ExxonMobil

Mailing Address Rt. 73

City Marlton State NJ Zip Code 08053

Purpose of Disbursement
 gas/auto expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4897

Date of Disbursement

/ /

Amount of Each Disbursement this Period

25.00

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

[MEMO ITEM]
 10084000

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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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

ExxonMobil

Mailing Address Rt. 73

City
Marlton

State
NJ

Zip Code
08053

Purpose of Disbursement
gas/auto expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4898

Date of Disbursement

/ /

Amount of Each Disbursement this Period

39.07

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

[MEMO ITEM]

10084000

B.

Full Name (Last, First, Middle Initial)

ExxonMobil

Mailing Address Rt. 73

City
Marlton

State
NJ

Zip Code
08053

Purpose of Disbursement
auto-gas expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5128

Date of Disbursement

/ /

Amount of Each Disbursement this Period

35.50

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

[MEMO ITEM]

10084000

C.

Full Name (Last, First, Middle Initial)

EZ Pass

Mailing Address DRPA

City
Newark

State
NJ

Zip Code
07114

Purpose of Disbursement
ezpass replenishment

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4743

Date of Disbursement

/ /

Amount of Each Disbursement this Period

25.00

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

[MEMO ITEM]

10084000

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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NAME OF COMMITTEE (In Full)
 Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial) EZ Pass Mailing Address DRPA	Transaction ID: D4759 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 6 / 2 0 0 7</div> </div>
City Newark State NJ Zip Code 07114 Purpose of Disbursement ezipass replenishment 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:	Amount of Each Disbursement this Period <div>50.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000
B. Full Name (Last, First, Middle Initial) EZ Pass Mailing Address DRPA City Newark State NJ Zip Code 07114 Purpose of Disbursement ez pass replenishment 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:	Transaction ID: D4899 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 2 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>50.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000
C. Full Name (Last, First, Middle Initial) EZ Pass Mailing Address DRPA City Newark State NJ Zip Code 07114 Purpose of Disbursement Auto- ez pass replenishment 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:	Transaction ID: D5161 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 5 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>50.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000

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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NAME OF COMMITTEE (In Full)
 Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial) EZ Pass Mailing Address DRPA	Transaction ID: D5271 Date of Disbursement <div> <div>09</div> <div>27</div> <div>2007</div> </div>
City Newark State NJ Zip Code 07114 Purpose of Disbursement replenishment 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:	Amount of Each Disbursement this Period <div>50.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000
B. Full Name (Last, First, Middle Initial) Federal Express Mailing Address PO Box 371461 City Pittsburgh State PA Zip Code 15250-7461 Purpose of Disbursement Fed ex-shipping expense 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:	Transaction ID: D4374 Date of Disbursement <div> <div>09</div> <div>27</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>166.22</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Federal Express Mailing Address PO Box 371461 City Pittsburgh State PA Zip Code 15250-7461 Purpose of Disbursement shipping expenses 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:	Transaction ID: D4400 Date of Disbursement <div> <div>08</div> <div>31</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>311.38</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

477.60

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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial) Federal Express Mailing Address PO Box 371461	Transaction ID: D4420 Date of Disbursement <div> <div>07</div> <div>18</div> <div>2007</div> </div>
City Pittsburgh State PA Zip Code 15250-7461 Purpose of Disbursement shipping expense- invoice 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) ▼	Amount of Each Disbursement this Period <div>173.76</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) First Colonial National Bank Mailing Address 1040 Haddon Ave City Collingswood State NJ Zip Code 08108-2046 Purpose of Disbursement bank fee- bounced check processing fee 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: D4397 Date of Disbursement <div> <div>08</div> <div>31</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>15.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) First Colonial National Bank Mailing Address 1040 Haddon Ave City Collingswood State NJ Zip Code 08108-2046 Purpose of Disbursement new checks 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: D4947 Date of Disbursement <div> <div>09</div> <div>30</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>83.84</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

272.60

TOTAL This Period (last page this line number only)

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

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

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

First Colonial National Bank

Mailing Address 1040 Haddon Ave

City
Collingswood

State
NJ

Zip Code
08108-2046

Purpose of Disbursement
bank fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4948

Date of Disbursement

/ /

Amount of Each Disbursement this Period

13.80

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

B.

Full Name (Last, First, Middle Initial)

First Colonial National Bank

Mailing Address 1040 Haddon Ave

City
Collingswood

State
NJ

Zip Code
08108-2046

Purpose of Disbursement
bank fees-sept

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4949

Date of Disbursement

/ /

Amount of Each Disbursement this Period

13.80

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

C.

Full Name (Last, First, Middle Initial)

First Colonial National Bank

Mailing Address 1040 Haddon Ave

City
Collingswood

State
NJ

Zip Code
08108-2046

Purpose of Disbursement
bank fees- aug

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4950

Date of Disbursement

/ /

Amount of Each Disbursement this Period

8.40

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

SUBTOTAL of Disbursements This Page (optional)

36.00

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
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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

First Colonial National Bank

Mailing Address 1040 Haddon Ave

City
Collingswood

State
NJ

Zip Code
08108-2046

Purpose of Disbursement
bank fees- july

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4951

Date of Disbursement

/ /

Amount of Each Disbursement this Period

12.20

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

B.

Full Name (Last, First, Middle Initial)

Getty

Mailing Address 1 W 9th St

City
Ocean City

State
NJ

Zip Code
08226-3419

Purpose of Disbursement
gas/auto expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4771

Date of Disbursement

/ /

Amount of Each Disbursement this Period

32.34

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

[MEMO ITEM]

10084000

C.

Full Name (Last, First, Middle Initial)

Godiva Chocolate

Mailing Address 2000 Rt 38

City
Cherry Hill

State
NJ

Zip Code
08002

Purpose of Disbursement
gift for donor

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5172

Date of Disbursement

/ /

Amount of Each Disbursement this Period

279.12

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

[MEMO ITEM]

10084000

SUBTOTAL of Disbursements This Page (optional)

12.20

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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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)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Hawk N Dove

Mailing Address 329 Pennsylvania Ave SE

City	State	Zip Code
Washington	DC	20003-1148

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) ▼	

Transaction ID: D4905

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	7

Amount of Each Disbursement this Period

31.12

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]

10084000

B.

Full Name (Last, First, Middle Initial)

Henry's

Mailing Address 1236 Boardwalk

City	State	Zip Code
Ocean City	NJ	08226-3241

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) ▼	

Transaction ID: D4920

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	0	7

Amount of Each Disbursement this Period

373.84

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]

10084000

C.

Full Name (Last, First, Middle Initial)

Henry's

Mailing Address 1236 Boardwalk

City	State	Zip Code
Ocean City	NJ	08226-3241

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) ▼	

Transaction ID: D4932

Date of Disbursement

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

Amount of Each Disbursement this Period

230.85

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]

10084000

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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NAME OF COMMITTEE (In Full)
Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial) hess Mailing Address 273 Elizabeth Ave	Transaction ID: D5159 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 5 / 2 0 0 7</div> </div>
City Newark State NJ Zip Code 07108-2706 Purpose of Disbursement auto-gas expense 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:	Amount of Each Disbursement this Period <div>23.86</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000
B. Full Name (Last, First, Middle Initial) Hilton Hotels - Miami Mailing Address 5101 Blue Lagoon Dr City Miami State FL Zip Code 33126-2021 Purpose of Disbursement hotel 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:	Transaction ID: D5117 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 8 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>498.43</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000
C. Full Name (Last, First, Middle Initial) Hilton Hotels - Miami Mailing Address 5101 Blue Lagoon Dr City Miami State FL Zip Code 33126-2021 Purpose of Disbursement hotel 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:	Transaction ID: D5118 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 8 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>645.81</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000

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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NAME OF COMMITTEE (In Full)
 Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial) HMS HOST Mailing Address New Jersey Tpke	Transaction ID: D4876 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 0 / 2 0 0 7</div> </div>
City State Zip Code Moorestown NJ 08057 Purpose of Disbursement food expense 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:	Amount of Each Disbursement this Period <div>24.85</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000
B. Full Name (Last, First, Middle Initial) HMS HOST Mailing Address New Jersey Tpke City State Zip Code Moorestown NJ 08057 Purpose of Disbursement auto expense 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:	Transaction ID: D4894 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 3 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>14.99</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000
C. Full Name (Last, First, Middle Initial) Holiday inn Palmdale Mailing Address 38630 5th St W City State Zip Code Palmdale CA 93551-4208 Purpose of Disbursement hotel expense 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:	Transaction ID: D4887 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 1 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>382.71</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000

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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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Holiday Inns Capitol

Mailing Address 550 C St SW

City
Washington

State
DC

Zip Code
20024-2514

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5279

Date of Disbursement

/ /

Amount of Each Disbursement this Period

99.13

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

[MEMO ITEM]

10084000

B.

Full Name (Last, First, Middle Initial)

Holiday Inns Capitol

Mailing Address 550 C St SW

City
Washington

State
DC

Zip Code
20024-2514

Purpose of Disbursement
room rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4780

Date of Disbursement

/ /

Amount of Each Disbursement this Period

125.00

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

[MEMO ITEM]

10084000

C.

Full Name (Last, First, Middle Initial)

Holiday Inns Capitol

Mailing Address 550 C St SW

City
Washington

State
DC

Zip Code
20024-2514

Purpose of Disbursement
hotel expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4806

Date of Disbursement

/ /

Amount of Each Disbursement this Period

470.73

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

[MEMO ITEM]

10084000

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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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Holiday Inns Capitol

Mailing Address 550 C St SW

City
Washington

State
DC

Zip Code
20024-2514

Purpose of Disbursement
hotel expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4901

Date of Disbursement

/ /

Amount of Each Disbursement this Period

864.95

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

[MEMO ITEM]

10084000

B.

Full Name (Last, First, Middle Initial)

Holiday Inns Capitol

Mailing Address 550 C St SW

City
Washington

State
DC

Zip Code
20024-2514

Purpose of Disbursement
hotel expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4910

Date of Disbursement

/ /

Amount of Each Disbursement this Period

170.53

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

[MEMO ITEM]

10084000

C.

Full Name (Last, First, Middle Initial)

Holiday Inns Capitol

Mailing Address 550 C St SW

City
Washington

State
DC

Zip Code
20024-2514

Purpose of Disbursement
hotel expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4911

Date of Disbursement

/ /

Amount of Each Disbursement this Period

170.53

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

[MEMO ITEM]

10084000

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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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Holiday Inns Capitol

Mailing Address 550 C St SW

City
Washington

State
DC

Zip Code
20024-2514

Purpose of Disbursement
hotel expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4912

Date of Disbursement

/ /

Amount of Each Disbursement this Period

381.72

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

[MEMO ITEM]

10084000

B.

Full Name (Last, First, Middle Initial)

Holiday Inns Cherry Hill

Mailing Address Rt. 70

City
Cherry Hill

State
NJ

Zip Code
08002

Purpose of Disbursement
room rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4781

Date of Disbursement

/ /

Amount of Each Disbursement this Period

125.00

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

[MEMO ITEM]

10084000

C.

Full Name (Last, First, Middle Initial)

Holiday Inns Cherry Hill

Mailing Address Rt. 70

City
Cherry Hill

State
NJ

Zip Code
08002

Purpose of Disbursement
office-room rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5114

Date of Disbursement

/ /

Amount of Each Disbursement this Period

150.00

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

[MEMO ITEM]

10084000

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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NAME OF COMMITTEE (In Full)
 Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial) Holiday Inns Cherry Hill Mailing Address Rt. 70	Transaction ID: D5115 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 8 / 2 0 0 7</div> </div>
City State Zip Code Cherry Hill NJ 08002 Purpose of Disbursement office-room rental 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:	Amount of Each Disbursement this Period <div>150.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000
B. Full Name (Last, First, Middle Initial) Holiday Inns Cherry Hill Mailing Address Rt. 70 City State Zip Code Cherry Hill NJ 08002 Purpose of Disbursement hotel-office room rental 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:	Transaction ID: D5191 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 3 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>125.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000
C. Full Name (Last, First, Middle Initial) Holiday Inns Cherry Hill Mailing Address Rt. 70 City State Zip Code Cherry Hill NJ 08002 Purpose of Disbursement hotel-office room rental 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:	Transaction ID: D5200 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 4 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>125.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000

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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NAME OF COMMITTEE (In Full)
 Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial) Holiday Inns Cherry Hill Mailing Address Rt. 70	Transaction ID: D5261 Date of Disbursement <div> <div>09</div> <div>25</div> <div>2007</div> </div>
City State Zip Code Cherry Hill NJ 08002 Purpose of Disbursement room rental 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:	Amount of Each Disbursement this Period <div>125.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000
B. Full Name (Last, First, Middle Initial) Home Depot Mailing Address 310 White Horse Pike City State Zip Code Lawnside NJ 08045 Purpose of Disbursement afc picnic supplies 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:	Transaction ID: D5207 Date of Disbursement <div> <div>09</div> <div>17</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>35.84</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000
C. Full Name (Last, First, Middle Initial) hunan dynasty Mailing Address 215 Pennsylvania Ave SE Ste 2 City State Zip Code Washington DC 20003-1187 Purpose of Disbursement food expense 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:	Transaction ID: D4853 Date of Disbursement <div> <div>07</div> <div>25</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>79.80</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000

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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NAME OF COMMITTEE (In Full)
 Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial) Hyatt Regency Mailing Address 400 New Jersey Ave NW	Transaction ID: D4865 Date of Disbursement <div> <div>07</div> <div>27</div> <div>2007</div> </div>
City Washington State DC Zip Code 20001-2002 Purpose of Disbursement hotel expense 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:	Amount of Each Disbursement this Period <div>1172.18</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000
B. Full Name (Last, First, Middle Initial) INVESTMENT COMPANY INST PAC Mailing Address 1401 H St., NW #1200 City Washington State DC Zip Code 20005 Purpose of Disbursement In-kind - catering for AFC event Candidate Name INVESTMENT COMPANY INST PAC 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:	Transaction ID: D4478 Date of Disbursement <div> <div>09</div> <div>26</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>2769.29</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) island grill Mailing Address 100 Atlantic Ave City Ocean City State NJ Zip Code 08226-4224 Purpose of Disbursement food expense 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:	Transaction ID: D4934 Date of Disbursement <div> <div>08</div> <div>10</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>455.21</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000

SUBTOTAL of Disbursements This Page (optional)

2769.29

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 PageFOR 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)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Johnson's Popcorn

Mailing Address 1360 Boardwalk

City
Ocean CityState
NJZip Code
08226-3242Purpose of Disbursement
gift for volunteer/donor

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4753

Date of Disbursement

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

Amount of Each Disbursement this Period

19.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

B.

Full Name (Last, First, Middle Initial)

Johnson's Popcorn

Mailing Address 1360 Boardwalk

City
Ocean CityState
NJZip Code
08226-3242Purpose of Disbursement
gift for donor

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4929

Date of Disbursement

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

Amount of Each Disbursement this Period

35.25

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

C.

Full Name (Last, First, Middle Initial)

Josephs

Mailing Address 72 N Bremen Ave

City
Egg Harbor CityState
NJZip Code
08215-3106Purpose of Disbursement
food expense

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5121

Date of Disbursement

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

Amount of Each Disbursement this Period

16.24

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)
Kagi

Mailing Address 1442-A Walnut Street, #392

City Berkeley State CA Zip Code 94709

Purpose of Disbursement
office expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5166

Date of Disbursement

/ /

Amount of Each Disbursement this Period

19.99

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

[MEMO ITEM]
10084000

B.

Full Name (Last, First, Middle Initial)
Kunkels Seafood

Mailing Address 920 Kings Hwy

City Haddon Heights State NJ Zip Code 08035-1218

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4796

Date of Disbursement

/ /

Amount of Each Disbursement this Period

229.70

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

[MEMO ITEM]
10084000

C.

Full Name (Last, First, Middle Initial)
Kunkels Seafood

Mailing Address 920 Kings Hwy

City Haddon Heights State NJ Zip Code 08035-1218

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5171

Date of Disbursement

/ /

Amount of Each Disbursement this Period

232.49

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

[MEMO ITEM]
10084000

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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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Kunkels Seafood

Mailing Address 920 Kings Hwy

City
Haddon Heights

State
NJ

Zip Code
08035-1218

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5192

Date of Disbursement

/ /

Amount of Each Disbursement this Period

126.03

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

[MEMO ITEM]

10084000

B.

Full Name (Last, First, Middle Initial)

LA Checker Cab

Mailing Address 11003 Hawthorne Blvd

City
Lennox

State
CA

Zip Code
90304-2315

Purpose of Disbursement
transportation

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4377

Date of Disbursement

/ /

Amount of Each Disbursement this Period

38.40

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

C.

Full Name (Last, First, Middle Initial)

Leukemia & Lymphoma Society

Mailing Address PO Box 4072
Donor Services

City
Pittsfield

State
MA

Zip Code
01202-4072

Purpose of Disbursement
donation

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5193

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

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

[MEMO ITEM]

10084000

SUBTOTAL of Disbursements This Page (optional)

38.40

TOTAL This Period (last page this line number only)

X	17		18		19a		19b
	20a		20b		20c		21

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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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

lukoil

Mailing Address Black horse plke

City
Mount Ephraim

State
NJ

Zip Code
08059

Purpose of Disbursement
gas/auto expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4790

Date of Disbursement

/ /

Amount of Each Disbursement this Period

29.50

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

[MEMO ITEM]

10084000

B.

Full Name (Last, First, Middle Initial)

lukoil

Mailing Address Black horse plke

City
Mount Ephraim

State
NJ

Zip Code
08059

Purpose of Disbursement
gas/auto expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4882

Date of Disbursement

/ /

Amount of Each Disbursement this Period

31.98

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

[MEMO ITEM]

10084000

C.

Full Name (Last, First, Middle Initial)

lukoil

Mailing Address Black horse plke

City
Mount Ephraim

State
NJ

Zip Code
08059

Purpose of Disbursement
gas/auto expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4916

Date of Disbursement

/ /

Amount of Each Disbursement this Period

34.25

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

[MEMO ITEM]

10084000

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

X	17		18		19a		19b
	20a		20b		20c		21

Rob Andrews U.S. House Committee

FEC Schedule B (Form 3) (Revised 02/2003)

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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Magnolia Diner

Mailing Address white horse Pike

City State Zip Code
 Magnolia NJ 08049

Purpose of Disbursement
 food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5197

Date of Disbursement

/ /

Amount of Each Disbursement this Period

32.50

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

[MEMO ITEM]

10084000

B.

Full Name (Last, First, Middle Initial)

marie callenders

Mailing Address 1649 W Avenue K

City State Zip Code
 Lancaster CA 93534-5929

Purpose of Disbursement
 food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4867

Date of Disbursement

/ /

Amount of Each Disbursement this Period

17.31

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

[MEMO ITEM]

10084000

C.

Full Name (Last, First, Middle Initial)

marie callenders

Mailing Address 1649 W Avenue K

City State Zip Code
 Lancaster CA 93534-5929

Purpose of Disbursement
 food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4871

Date of Disbursement

/ /

Amount of Each Disbursement this Period

82.45

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

[MEMO ITEM]

10084000

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 PageFOR 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)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

marie callenders

Mailing Address 1649 W Avenue K

City Lancaster	State CA	Zip Code 93534-5929
-------------------	-------------	------------------------

Purpose of Disbursement
food expense

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4873

Date of Disbursement

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

Amount of Each Disbursement this Period

139.54

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

B.

Full Name (Last, First, Middle Initial)

McDonalds

Mailing Address 700 White Horse Pike

City Magnolia	State NJ	Zip Code 08049
------------------	-------------	-------------------

Purpose of Disbursement
food expense

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5157

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	7	

Amount of Each Disbursement this Period

10.36

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

C.

Full Name (Last, First, Middle Initial)

McMillan's Bakery

Mailing Address Haddon Avenue

City Westmont	State NJ	Zip Code 08108
------------------	-------------	-------------------

Purpose of Disbursement
food expense

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5130

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	0		2	0	7	

Amount of Each Disbursement this Period

43.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

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 PageFOR 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)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

meadows diner

Mailing Address 101 S Black Horse Pike

City
BlackwoodState
NJZip Code
08012-2900Purpose of Disbursement
food expense

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4748

Date of Disbursement

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

Amount of Each Disbursement this Period

31.24

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

B.

Full Name (Last, First, Middle Initial)

meg's grill

Mailing Address 1403 grand st

City
LavalletteState
NJZip Code
08830Purpose of Disbursement
food expense

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4800

Date of Disbursement

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

Amount of Each Disbursement this Period

9.83

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

C.

Full Name (Last, First, Middle Initial)

metro wash airport

Mailing Address best efforts

City
Best EffortsState
DC

Zip Code

Purpose of Disbursement
food expense

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4875

Date of Disbursement

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

Amount of Each Disbursement this Period

2.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

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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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
 Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial) Monocle on Capitol Hill Mailing Address 107 D St NE	Transaction ID: D5268 Date of Disbursement <div> <div>09</div> <div>26</div> <div>2007</div> </div>
City Washington State DC Zip Code 20002-5613 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) ▼	Amount of Each Disbursement this Period <div>235.02</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000
B. Full Name (Last, First, Middle Initial) National Democratic CLub Mailing Address 30 Ivy St SE City Washington State DC Zip Code 20003-4006 Purpose of Disbursement Membership fee 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: D4427 Date of Disbursement <div> <div>07</div> <div>25</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>299.75</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Networks Plus Mailing Address PO Box 125 City Palmyra State NJ Zip Code 08065-0125 Purpose of Disbursement invoice-computer maintenance 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: D4412 Date of Disbursement <div> <div>08</div> <div>10</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>374.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

674.25

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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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

North Meets South

Mailing Address 228 S. Washington St
Suite B-10

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
event catering

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4468

Date of Disbursement

08 / 01 / 2007

Amount of Each Disbursement this Period

2402.51

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

B.

Full Name (Last, First, Middle Initial)

OC Kids cove

Mailing Address 1324 Boardwalk

City Ocean City State NJ Zip Code 08226-3242

Purpose of Disbursement
gift for donor

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4923

Date of Disbursement

08 / 08 / 2007

Amount of Each Disbursement this Period

38.42

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

[MEMO ITEM]

10084000

C.

Full Name (Last, First, Middle Initial)

ocean breeze

Mailing Address boardwalk

City Ocean City State NJ Zip Code 08226

Purpose of Disbursement
gift for donor

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4924

Date of Disbursement

08 / 08 / 2007

Amount of Each Disbursement this Period

107.78

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

[MEMO ITEM]

10084000

SUBTOTAL of Disbursements This Page (optional)

2402.51

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 PageFOR 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)

Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial) ocean city parking Mailing Address 12th street and haven City Ocean City State NJ Zip Code 08226 Purpose of Disbursement parking 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) ▼	Transaction ID: D4752 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>0</td><td>7</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		0	6		2	0	0	7												
Amount of Each Disbursement this Period <table border="1"> <tr> <td>15.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000	15.00																				
15.00																					
B. Full Name (Last, First, Middle Initial) office max Mailing Address 1190 Nixon Dr City Mount Laurel State NJ Zip Code 08054-1172 Purpose of Disbursement office supplies 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: D4794 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>0</td><td>7</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>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	3		2	0	0	7												
Amount of Each Disbursement this Period <table border="1"> <tr> <td>128.30</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000	128.30																				
128.30																					
C. Full Name (Last, First, Middle Initial) Original Fudge Kitchen Mailing Address 800 Boardwalk City Ocean City State NJ Zip Code 08226-3617 Purpose of Disbursement gift for donor 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: D4760 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>0</td><td>7</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		0	6		2	0	0	7												
Amount of Each Disbursement this Period <table border="1"> <tr> <td>51.08</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000	51.08																				
51.08																					

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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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Original Fudge Kitchen

Mailing Address 800 Boardwalk

City
Ocean City

State
NJ

Zip Code
08226-3617

Purpose of Disbursement
gift for donor

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4909

Date of Disbursement

/ /

Amount of Each Disbursement this Period

115.78

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

[MEMO ITEM]

10084000

B.

Full Name (Last, First, Middle Initial)

Original Fudge Kitchen

Mailing Address 800 Boardwalk

City
Ocean City

State
NJ

Zip Code
08226-3617

Purpose of Disbursement
gift for donor

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4935

Date of Disbursement

/ /

Amount of Each Disbursement this Period

63.08

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

[MEMO ITEM]

10084000

C.

Full Name (Last, First, Middle Initial)

oves beach grill

Mailing Address 4TH & Boardwalk

City
Ocean City

State
NJ

Zip Code
08226

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 208"
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4945

Date of Disbursement

/ /

Amount of Each Disbursement this Period

153.95

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

[MEMO ITEM]

10084000

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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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Palm Restaurant

Mailing Address 200 S Broad St

City
Philadelphia

State
PA

Zip Code
19102-3809

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5149

Date of Disbursement

/ /

Amount of Each Disbursement this Period

711.95

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

[MEMO ITEM]

10084000

B.

Full Name (Last, First, Middle Initial)

panera Bread

Mailing Address 510 Prospect Ave

City
West Orange

State
NJ

Zip Code
07052-4157

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5203

Date of Disbursement

/ /

Amount of Each Disbursement this Period

7.25

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

[MEMO ITEM]

10084000

C.

Full Name (Last, First, Middle Initial)

panera Bread

Mailing Address 510 Prospect Ave

City
West Orange

State
NJ

Zip Code
07052-4157

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5204

Date of Disbursement

/ /

Amount of Each Disbursement this Period

7.25

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

[MEMO ITEM]

10084000

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
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NAME OF COMMITTEE (In Full)
 Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial) Paradies Mailing Address 8000 Essington Ave City Philadelphia State PA Zip Code 19153 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) ▼	Transaction ID: D4859 Date of Disbursement <div> <div>07</div> <div>27</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>42.04</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000
B. Full Name (Last, First, Middle Initial) Party World Mailing Address 101 W Kings Hwy City Bellmawr State NJ Zip Code 08031-1538 Purpose of Disbursement event supplies 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: D5141 Date of Disbursement <div> <div>08</div> <div>31</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>80.58</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000
C. Full Name (Last, First, Middle Initial) Paul's Custom Awards Mailing Address White Horse Pike City Barrington State NJ Zip Code 08035 Purpose of Disbursement citation 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) ▼	Transaction ID: D4472 Date of Disbursement <div> <div>07</div> <div>25</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>16.05</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
SUBTOTAL of Disbursements This Page (optional) ► <div>16.05</div>	
TOTAL This Period (last page this line number only) ► <div></div>	

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

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

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NAME OF COMMITTEE (In Full)
 Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial) Paypal- Dems 2000 Mailing Address PO Box 31	Transaction ID: D4797 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 3 / 2 0 0 7</div> </div>
City Jamesburg State NJ Zip Code 08831-0031 Purpose of Disbursement contribution 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:	Amount of Each Disbursement this Period <div>250.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000
B. Full Name (Last, First, Middle Initial) Paypal- Samby Mailing Address best efforts City Best Efforts State Zip Code 00000 Purpose of Disbursement gift for donor 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:	Transaction ID: D4793 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 3 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>99.99</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000
C. Full Name (Last, First, Middle Initial) Petty Cash Mailing Address PO Box 295 City Oaklyn State NJ Zip Code 08107-0295 Purpose of Disbursement petty cash 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:	Transaction ID: D4404 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>500.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

500.00

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

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

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NAME OF COMMITTEE (In Full)
 Rob Andrews U.S. House Committee

<p>A. Full Name (Last, First, Middle Initial) Petty Cash</p> <p>Mailing Address PO Box 295</p> <p>City Oaklyn State NJ Zip Code 08107-0295</p> <p>Purpose of Disbursement petty cash</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: D4473 Date of Disbursement 07 / 26 / 2007</p> <p>Amount of Each Disbursement this Period 500.00</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) Philly Diner</p> <p>Mailing Address Black horse Pike</p> <p>City Runnemede State NJ Zip Code 08078</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 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: D5257 Date of Disbursement 09 / 25 / 2007</p> <p>Amount of Each Disbursement this Period 12.03</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] 10084000</p>
<p>C. Full Name (Last, First, Middle Initial) Philly Diner</p> <p>Mailing Address Black horse Pike</p> <p>City Runnemede State NJ Zip Code 08078</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 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: D5259 Date of Disbursement 09 / 25 / 2007</p> <p>Amount of Each Disbursement this Period 33.72</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] 10084000</p>

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)
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NAME OF COMMITTEE (In Full)
 Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial) Pompeii Mailing Address 1113 Walnut St	Transaction ID: D4782 Date of Disbursement <div> <div>07</div> <div>11</div> <div>2007</div> </div>
City Philadelphia State PA Zip Code 19107-4918 Purpose of Disbursement food expense 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:	Amount of Each Disbursement this Period <div>415.23</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000
B. Full Name (Last, First, Middle Initial) Ponzio's Restaurant Mailing Address 7 Rt 70 West City Cherry Hill State NJ Zip Code 08034 Purpose of Disbursement food expense 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:	Transaction ID: D4802 Date of Disbursement <div> <div>07</div> <div>16</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>22.52</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000
C. Full Name (Last, First, Middle Initial) Ponzio's Restaurant Mailing Address 7 Rt 70 West City Cherry Hill State NJ Zip Code 08034 Purpose of Disbursement food expense 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:	Transaction ID: D4877 Date of Disbursement <div> <div>07</div> <div>31</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>40.26</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000

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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
 Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial) Ponzio's Restaurant Mailing Address 7 Rt 70 West	Transaction ID: D5147 Date of Disbursement <div> <div>09</div> <div>03</div> <div>2007</div> </div>
City Cherry Hill State NJ Zip Code 08034 Purpose of Disbursement food expense 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:	Amount of Each Disbursement this Period <div>96.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000
B. Full Name (Last, First, Middle Initial) Portofino Mailing Address 1227 Walnut St City Philadelphia State PA Zip Code 19107-4914 Purpose of Disbursement food expense 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:	Transaction ID: D4807 Date of Disbursement <div> <div>07</div> <div>15</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>658.10</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000
C. Full Name (Last, First, Middle Initial) Postmaster Mailing Address Clements bridge ROad City Barrington State NJ Zip Code 08007 Purpose of Disbursement postage-AFC event 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:	Transaction ID: D4405 Date of Disbursement <div> <div>08</div> <div>21</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>5595.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

5595.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
 Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)
 Postmaster

Mailing Address Clements bridge ROad

City State Zip Code
 Barrington NJ 08007

Purpose of Disbursement
 postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4940

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5.25

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

[MEMO ITEM]

10084000

B.

Full Name (Last, First, Middle Initial)
 potbelly

Mailing Address D and 3rd P

City State Zip Code
 Washington DC 22002

Purpose of Disbursement
 food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4857

Date of Disbursement

/ /

Amount of Each Disbursement this Period

17.33

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

[MEMO ITEM]

10084000

C.

Full Name (Last, First, Middle Initial)
 PPA Philly

Mailing Address 3101 Market St

City State Zip Code
 Philadelphia PA 19104-2807

Purpose of Disbursement
 parking expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4776

Date of Disbursement

/ /

Amount of Each Disbursement this Period

7.00

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

[MEMO ITEM]

10084000

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
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NAME OF COMMITTEE (In Full)
 Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial) PPA Philly Mailing Address 3101 Market St	Transaction ID: D4783 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 1 / 2 0 0 7</div> </div>
City Philadelphia State PA Zip Code 19104-2807 Purpose of Disbursement parking expense 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:	Amount of Each Disbursement this Period <div> <div></div> <div>3.00</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000
B. Full Name (Last, First, Middle Initial) Quiznos Sub Mailing Address 30th street station City Philadelphia State PA Zip Code 19101 Purpose of Disbursement food expense 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:	Transaction ID: D4869 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 8 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>62.89</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000
C. Full Name (Last, First, Middle Initial) Radio Shack Mailing Address Rt.38 City Cherry Hill State NJ Zip Code 08002 Purpose of Disbursement office expense 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:	Transaction ID: D4906 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 4 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>31.49</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000

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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NAME OF COMMITTEE (In Full)
 Rob Andrews U.S. House Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Radio Shack</p> <p>Mailing Address Rt.38</p> <p>City Cherry Hill State NJ Zip Code 08002</p> <p>Purpose of Disbursement office 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>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D5126</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 8</div> <div>3 0</div> <div>2 0 0 7</div> </div> </p> <p>Amount of Each Disbursement this Period <div>3.20</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] 10084000</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Ralph's & Francesca's</p> <p>Mailing Address Station Avenue</p> <p>City Haddon Heights State NJ Zip Code 08035</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>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D5182</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 9</div> <div>1 0</div> <div>2 0 0 7</div> </div> </p> <p>Amount of Each Disbursement this Period <div>119.19</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] 10084000</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Ralph's & Francesca's</p> <p>Mailing Address Station Avenue</p> <p>City Haddon Heights State NJ Zip Code 08035</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>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D5199</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 9</div> <div>1 4</div> <div>2 0 0 7</div> </div> </p> <p>Amount of Each Disbursement this Period <div>85.38</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] 10084000</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)
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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Ralph's & Francesca's

Mailing Address Station Avenue

City State Zip Code
Haddon Heights NJ 08035

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5272

Date of Disbursement

/ /

Amount of Each Disbursement this Period

56.85

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

[MEMO ITEM]

10084000

B.

Full Name (Last, First, Middle Initial)

Ralph's & Francesca's

Mailing Address Station Avenue

City State Zip Code
Haddon Heights NJ 08035

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4805

Date of Disbursement

/ /

Amount of Each Disbursement this Period

115.82

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

[MEMO ITEM]

10084000

C.

Full Name (Last, First, Middle Initial)

rancho vista

Mailing Address best efforts

City State Zip Code
Best Efforts CA

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4870

Date of Disbursement

/ /

Amount of Each Disbursement this Period

63.22

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

[MEMO ITEM]

10084000

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
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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Hot and Blue Red

Mailing Address 7 Marlton Pike W

City
Cherry Hill

State
NJ

Zip Code
08002-3098

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4751

Date of Disbursement

/ /

Amount of Each Disbursement this Period

8.24

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

[MEMO ITEM]

10084000

B.

Full Name (Last, First, Middle Initial)

Hot and Blue Red

Mailing Address 7 Marlton Pike W

City
Cherry Hill

State
NJ

Zip Code
08002-3098

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4755

Date of Disbursement

/ /

Amount of Each Disbursement this Period

28.38

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

[MEMO ITEM]

10084000

C.

Full Name (Last, First, Middle Initial)

Hot and Blue Red

Mailing Address 7 Marlton Pike W

City
Cherry Hill

State
NJ

Zip Code
08002-3098

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4757

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.19

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

[MEMO ITEM]

10084000

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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NAME OF COMMITTEE (In Full)
 Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial) Hot and Blue Red Mailing Address 7 Marlton Pike W	Transaction ID: D4758 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 6 / 2 0 0 7</div> </div>
City Cherry Hill State NJ Zip Code 08002-3098 Purpose of Disbursement food expense 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:	Amount of Each Disbursement this Period <div> <div></div> <div>47.56</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000
B. Full Name (Last, First, Middle Initial) Hot and Blue Red Mailing Address 7 Marlton Pike W City Cherry Hill State NJ Zip Code 08002-3098 Purpose of Disbursement food expense 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:	Transaction ID: D4763 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 6 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>67.22</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000
C. Full Name (Last, First, Middle Initial) Hot and Blue Red Mailing Address 7 Marlton Pike W City Cherry Hill State NJ Zip Code 08002-3098 Purpose of Disbursement food expense 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:	Transaction ID: D4773 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 9 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>46.19</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000

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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NAME OF COMMITTEE (In Full)
 Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial) Hot and Blue Red Mailing Address 7 Marlton Pike W	Transaction ID: D5111 Date of Disbursement <div> <div>08</div> <div>28</div> <div>2007</div> </div>
City Cherry Hill State NJ Zip Code 08002-3098 Purpose of Disbursement food expense 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:	Amount of Each Disbursement this Period <div>51.20</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000
B. Full Name (Last, First, Middle Initial) Hot and Blue Red Mailing Address 7 Marlton Pike W City Cherry Hill State NJ Zip Code 08002-3098 Purpose of Disbursement food expense 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:	Transaction ID: D5112 Date of Disbursement <div> <div>08</div> <div>28</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>66.93</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000
C. Full Name (Last, First, Middle Initial) Hot and Blue Red Mailing Address 7 Marlton Pike W City Cherry Hill State NJ Zip Code 08002-3098 Purpose of Disbursement food expense 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:	Transaction ID: D5122 Date of Disbursement <div> <div>08</div> <div>29</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>34.76</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000

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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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Hot and Blue Red

Mailing Address 7 Marlton Pike W

City
Cherry Hill

State
NJ

Zip Code
08002-3098

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5123

Date of Disbursement

/ /

Amount of Each Disbursement this Period

35.00

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

[MEMO ITEM]

10084000

B.

Full Name (Last, First, Middle Initial)

Hot and Blue Red

Mailing Address 7 Marlton Pike W

City
Cherry Hill

State
NJ

Zip Code
08002-3098

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5127

Date of Disbursement

/ /

Amount of Each Disbursement this Period

30.60

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

[MEMO ITEM]

10084000

C.

Full Name (Last, First, Middle Initial)

Hot and Blue Red

Mailing Address 7 Marlton Pike W

City
Cherry Hill

State
NJ

Zip Code
08002-3098

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5131

Date of Disbursement

/ /

Amount of Each Disbursement this Period

49.60

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

[MEMO ITEM]

10084000

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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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Hot and Blue Red

Mailing Address 7 Marlton Pike W

City
Cherry Hill

State
NJ

Zip Code
08002-3098

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5164

Date of Disbursement

/ /

Amount of Each Disbursement this Period

148.72

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

[MEMO ITEM]

10084000

B.

Full Name (Last, First, Middle Initial)

Hot and Blue Red

Mailing Address 7 Marlton Pike W

City
Cherry Hill

State
NJ

Zip Code
08002-3098

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5186

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5.02

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

[MEMO ITEM]

10084000

C.

Full Name (Last, First, Middle Initial)

Hot and Blue Red

Mailing Address 7 Marlton Pike W

City
Cherry Hill

State
NJ

Zip Code
08002-3098

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5187

Date of Disbursement

/ /

Amount of Each Disbursement this Period

10.44

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

[MEMO ITEM]

10084000

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 PageFOR 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)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Hot and Blue Red

Mailing Address 7 Marlton Pike W

City
Cherry HillState
NJZip Code
08002-3098Purpose of Disbursement
food expense

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5188

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	0	7

Amount of Each Disbursement this Period

37.05

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

B.

Full Name (Last, First, Middle Initial)

Hot and Blue Red

Mailing Address 7 Marlton Pike W

City
Cherry HillState
NJZip Code
08002-3098Purpose of Disbursement
food expense

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5189

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	0	7

Amount of Each Disbursement this Period

48.19

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

C.

Full Name (Last, First, Middle Initial)

Hot and Blue Red

Mailing Address 7 Marlton Pike W

City
Cherry HillState
NJZip Code
08002-3098Purpose of Disbursement
food expense

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5194

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	7

Amount of Each Disbursement this Period

10.44

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
 Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial) Hot and Blue Red Mailing Address 7 Marlton Pike W	Transaction ID: D5196 Date of Disbursement <div> <div>09</div> <div>14</div> <div>2007</div> </div>
City Cherry Hill State NJ Zip Code 08002-3098 Purpose of Disbursement food expense 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:	Amount of Each Disbursement this Period <div>28.89</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000
B. Full Name (Last, First, Middle Initial) Hot and Blue Red Mailing Address 7 Marlton Pike W City Cherry Hill State NJ Zip Code 08002-3098 Purpose of Disbursement food expense 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:	Transaction ID: D5198 Date of Disbursement <div> <div>09</div> <div>14</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>36.10</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000
C. Full Name (Last, First, Middle Initial) Hot and Blue Red Mailing Address 7 Marlton Pike W City Cherry Hill State NJ Zip Code 08002-3098 Purpose of Disbursement food expense 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:	Transaction ID: D5275 Date of Disbursement <div> <div>09</div> <div>28</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>27.31</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000

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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(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Hot and Blue Red

Mailing Address 7 Marlton Pike W

City
Cherry Hill

State
NJ

Zip Code
08002-3098

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5276

Date of Disbursement

/ /

Amount of Each Disbursement this Period

33.27

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

[MEMO ITEM]

10084000

B.

Full Name (Last, First, Middle Initial)

Hot and Blue Red

Mailing Address 7 Marlton Pike W

City
Cherry Hill

State
NJ

Zip Code
08002-3098

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5278

Date of Disbursement

/ /

Amount of Each Disbursement this Period

74.88

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

[MEMO ITEM]

10084000

C.

Full Name (Last, First, Middle Initial)

Rite Aide

Mailing Address Clements Bridge Rd

City
Barrington

State
NJ

Zip Code
08007

Purpose of Disbursement
office supply expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4942

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2.13

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

[MEMO ITEM]

10084000

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

X	17		18		19a		19b
	20a		20b		20c		21

Rob Andrews U.S. House Committee

FEC Schedule B (Form 3) (Revised 02/2003)

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

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

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NAME OF COMMITTEE (In Full)
 Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial) Ruth's Hallmark Mailing Address Almonesson Road	Transaction ID: D4775 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 0 / 2 0 0 7</div> </div>
City State Zip Code Deptford NJ 08096 Purpose of Disbursement office-ink, paper, film supplies 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) ▼	Amount of Each Disbursement this Period <div>820.80</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000
B. Full Name (Last, First, Middle Initial) sandy pages bookstore Mailing Address boardwalk City State Zip Code Ocean City NJ 08226 Purpose of Disbursement press 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) ▼	Transaction ID: D4908 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 6 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>73.02</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000
C. Full Name (Last, First, Middle Initial) sansom Mailing Address 108 S 20th St City State Zip Code Philadelphia PA 19103-4410 Purpose of Disbursement auto 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) ▼	Transaction ID: D4801 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 5 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>18.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000

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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(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
 Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial) Shell Oil Mailing Address White Horse Pike	Transaction ID: D5260 Date of Disbursement <div> <div>09</div> <div>25</div> <div>2007</div> </div>
City Haddon Heights State NJ Zip Code 08035 Purpose of Disbursement auto-gs expense 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:	Amount of Each Disbursement this Period <div>43.53</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000
B. Full Name (Last, First, Middle Initial) Shell Oil Mailing Address White Horse Pike City Haddon Heights State NJ Zip Code 08035 Purpose of Disbursement gas/auto expense 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:	Transaction ID: D4885 Date of Disbursement <div> <div>07</div> <div>30</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>54.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000
C. Full Name (Last, First, Middle Initial) Shell Oil Mailing Address White Horse Pike City Haddon Heights State NJ Zip Code 08035 Purpose of Disbursement gas/auto expense 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:	Transaction ID: D4754 Date of Disbursement <div> <div>07</div> <div>06</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>25.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000

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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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Shell Oil

Mailing Address White Horse Pike

City State Zip Code
Haddon Heights NJ 08035

Purpose of Disbursement
auto expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4778

Date of Disbursement

/ /

Amount of Each Disbursement this Period

56.18

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

[MEMO ITEM]

10084000

B.

Full Name (Last, First, Middle Initial)

Shell Oil

Mailing Address White Horse Pike

City State Zip Code
Haddon Heights NJ 08035

Purpose of Disbursement
gas/auto expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4803

Date of Disbursement

/ /

Amount of Each Disbursement this Period

23.90

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

[MEMO ITEM]

10084000

C.

Full Name (Last, First, Middle Initial)

Shell Oil

Mailing Address White Horse Pike

City State Zip Code
Haddon Heights NJ 08035

Purpose of Disbursement
auto-gas expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5129

Date of Disbursement

/ /

Amount of Each Disbursement this Period

41.00

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

[MEMO ITEM]

10084000

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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
 Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial) Shell Oil Mailing Address White Horse Pike	Transaction ID: D5137 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 3 1 / 2 0 0 7</div> </div>
City Haddon Heights State NJ Zip Code 08035 Purpose of Disbursement auto-gas expense 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:	Amount of Each Disbursement this Period <div> <div></div> <div>31.00</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000
B. Full Name (Last, First, Middle Initial) Shell Oil Mailing Address White Horse Pike City Haddon Heights State NJ Zip Code 08035 Purpose of Disbursement auto-gas expense 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:	Transaction ID: D5138 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 3 1 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>31.50</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000
C. Full Name (Last, First, Middle Initial) Shell Oil Mailing Address White Horse Pike City Haddon Heights State NJ Zip Code 08035 Purpose of Disbursement auto-gas expense 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:	Transaction ID: D5140 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 3 1 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>36.00</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000

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 PageFOR 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)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Shell Oil

Mailing Address White Horse Pike

City Haddon Heights State NJ Zip Code 08035

Purpose of Disbursement
auto-gas expense

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5162

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	0	7

Amount of Each Disbursement this Period

52.25

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

B.

Full Name (Last, First, Middle Initial)

Shell Oil

Mailing Address White Horse Pike

City Haddon Heights State NJ Zip Code 08035

Purpose of Disbursement
auto-gas expense

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5167

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	6		2	0	0	7

Amount of Each Disbursement this Period

42.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

C.

Full Name (Last, First, Middle Initial)

Shell Oil

Mailing Address White Horse Pike

City Haddon Heights State NJ Zip Code 08035

Purpose of Disbursement
auto-gas expense

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5176

Date of Disbursement

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

Amount of Each Disbursement this Period

10.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

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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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Shell Oil

Mailing Address White Horse Pike

City State Zip Code
Haddon Heights NJ 08035

Purpose of Disbursement
auto-gas expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5180

Date of Disbursement

/ /

Amount of Each Disbursement this Period

55.00

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

[MEMO ITEM]

10084000

B.

Full Name (Last, First, Middle Initial)

Shell Oil

Mailing Address White Horse Pike

City State Zip Code
Haddon Heights NJ 08035

Purpose of Disbursement
auto-gas expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5183

Date of Disbursement

/ /

Amount of Each Disbursement this Period

30.20

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

[MEMO ITEM]

10084000

C.

Full Name (Last, First, Middle Initial)

Shirt Shack

Mailing Address 808 Boardwalk

City State Zip Code
Ocean City NJ 08226-3617

Purpose of Disbursement
gift for donor

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4768

Date of Disbursement

/ /

Amount of Each Disbursement this Period

231.92

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

[MEMO ITEM]

10084000

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:
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial) Shirt Shack Mailing Address 808 Boardwalk	Transaction ID: D4928 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 8 / 2 0 0 7</div> </div>
City Ocean City State NJ Zip Code 08226-3617 Purpose of Disbursement gift for donors 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:	Amount of Each Disbursement this Period <div> <div></div> <div>291.21</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000
B. Full Name (Last, First, Middle Initial) Shirt Shack Mailing Address 808 Boardwalk City Ocean City State NJ Zip Code 08226-3617 Purpose of Disbursement gift for donor 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:	Transaction ID: D4933 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 0 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>360.08</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000
C. Full Name (Last, First, Middle Initial) Shriver's salt water taffy Mailing Address Boardwalk & 9th City Ocean City State NJ Zip Code 08226 Purpose of Disbursement gifts for donor 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:	Transaction ID: D4761 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 6 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>51.41</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000

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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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial) Shriver's salt water taffy	Transaction ID: D4930 Date of Disbursement
Mailing Address Boardwalk & 9th	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 0 / 2 0 0 7</div> </div>
City Ocean City State NJ Zip Code 08226	Amount of Each Disbursement this Period
Purpose of Disbursement gift for donor	<div> <div>118.37</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM] 10084000
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	
B. Full Name (Last, First, Middle Initial) silver diner	Transaction ID: D4872 Date of Disbursement
Mailing Address 2131 Route 38	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 8 / 2 0 0 7</div> </div>
City Cherry Hill State NJ Zip Code 08002-2045	Amount of Each Disbursement this Period
Purpose of Disbursement food expense	<div> <div>88.22</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM] 10084000
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	
C. Full Name (Last, First, Middle Initial) silver diner	Transaction ID: D5124 Date of Disbursement
Mailing Address 2131 Route 38	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 9 / 2 0 0 7</div> </div>
City Cherry Hill State NJ Zip Code 08002-2045	Amount of Each Disbursement this Period
Purpose of Disbursement food expense	<div> <div>58.61</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM] 10084000
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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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

SJS Realty Management

Mailing Address 1110 Wynnwood Ave

City
Cherry Hill

State
NJ

Zip Code
08002-3256

Purpose of Disbursement
storage space

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4415

Date of Disbursement

/ /

Amount of Each Disbursement this Period

210.00

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

B.

Full Name (Last, First, Middle Initial)

somers at the shore

Mailing Address 662 Boardwalk

City
Ocean City

State
NJ

Zip Code
08226-3846

Purpose of Disbursement
auto expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4903

Date of Disbursement

/ /

Amount of Each Disbursement this Period

22.42

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

[MEMO ITEM]

10084000

C.

Full Name (Last, First, Middle Initial)

sonya bebeblankee llc

Mailing Address 325 N Saint Paul St

City
Dallas

State
TX

Zip Code
75201-3801

Purpose of Disbursement
gift for donor

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4746

Date of Disbursement

/ /

Amount of Each Disbursement this Period

57.95

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

[MEMO ITEM]

10084000

SUBTOTAL of Disbursements This Page (optional)

210.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
 Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial) south seas shop Mailing Address 768 Boardwalk	Transaction ID: D4765 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 6 / 2 0 0 7</div> </div>
City Ocean City State NJ Zip Code 08226-3705 Purpose of Disbursement gift for donor 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:	Amount of Each Disbursement this Period <div>99.51</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000
B. Full Name (Last, First, Middle Initial) south seas shop Mailing Address 768 Boardwalk City Ocean City State NJ Zip Code 08226-3705 Purpose of Disbursement gift for donor 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:	Transaction ID: D4939 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 2 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>273.61</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000
C. Full Name (Last, First, Middle Initial) south seas shop Mailing Address 768 Boardwalk City Ocean City State NJ Zip Code 08226-3705 Purpose of Disbursement gift for donor 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:	Transaction ID: D4943 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 5 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>85.54</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000

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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<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)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Spadaforas Seafood

Mailing Address 843 Atlantic Ave

City
Ocean CityState
NJZip Code
08226-3630Purpose of Disbursement
food expense

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4921

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	0	7

Amount of Each Disbursement this Period

499.92

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

B.

Full Name (Last, First, Middle Initial)

Spadaforas Seafood

Mailing Address 843 Atlantic Ave

City
Ocean CityState
NJZip Code
08226-3630Purpose of Disbursement
food expense

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4931

Date of Disbursement

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

Amount of Each Disbursement this Period

120.24

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

C.

Full Name (Last, First, Middle Initial)

Staples

Mailing Address Rt. 70

City
Cherry HillState
NJZip Code
08003Purpose of Disbursement
office expense

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5179

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	0	7

Amount of Each Disbursement this Period

30.99

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

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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NAME OF COMMITTEE (In Full)
 Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial)
 State of New Jersey- Dept of Labor

Mailing Address PO Box 929

City State Zip Code
 Trenton NJ 08646-0929

Purpose of Disbursement
 annual assessment

Candidate Name

Category/
Type

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

State: District:

Transaction ID: D4416

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

B. Full Name (Last, First, Middle Initial)
 Station House Restaurant

Mailing Address Station Avenue

City State Zip Code
 Haddon Heights NJ 08035

Purpose of Disbursement
 food expense

Candidate Name

Category/
Type

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

State: District:

Transaction ID: D5145

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

10084000

C. Full Name (Last, First, Middle Initial)
 Sun rose words and music

Mailing Address 756 Asbury Ave

City State Zip Code
 Ocean City NJ 08226-3721

Purpose of Disbursement
 press expense

Candidate Name

Category/
Type

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

State: District:

Transaction ID: D4941

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

10084000

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)
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NAME OF COMMITTEE (In Full)
 Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial) Sunoco Mailing Address White Horse Pike	Transaction ID: D4904 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 5 / 2 0 0 7</div> </div>
City Hammonton State NJ Zip Code 08037 Purpose of Disbursement gas/auto expense 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:	Amount of Each Disbursement this Period <div> <div></div> <div>24.30</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000
B. Full Name (Last, First, Middle Initial) Sunoco Mailing Address White Horse Pike City Hammonton State NJ Zip Code 08037 Purpose of Disbursement gas/auto expense 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:	Transaction ID: D4791 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 3 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>49.00</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000
C. Full Name (Last, First, Middle Initial) SUpersfresh Markets Mailing Address 800 west Avenueue City Ocean City State NJ Zip Code 08226 Purpose of Disbursement AFC event food 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:	Transaction ID: D4913 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 4 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>1482.07</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000

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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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Superfresh Markets

Mailing Address 800 west Avenueue

City State Zip Code
 Ocean City NJ 08226

Purpose of Disbursement

AFC event food

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4915

Date of Disbursement

/ /

Amount of Each Disbursement this Period

29.04

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

[MEMO ITEM]

10084000

B.

Full Name (Last, First, Middle Initial)

Superfresh Markets

Mailing Address 800 west Avenueue

City State Zip Code
 Ocean City NJ 08226

Purpose of Disbursement

AFC food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4919

Date of Disbursement

/ /

Amount of Each Disbursement this Period

232.82

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

[MEMO ITEM]

10084000

C.

Full Name (Last, First, Middle Initial)

Francis Tagmire

Mailing Address PO Box 295

City State Zip Code
 Oaklyn NJ 08107-0295

Purpose of Disbursement

Compliance and reporting consulting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4378

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.00

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

SUBTOTAL of Disbursements This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Francis Tagmire

Mailing Address PO Box 295

City
Oaklyn

State
NJ

Zip Code
08107-0295

Purpose of Disbursement
compliance and reporting consulting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4394

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.00

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

B.

Full Name (Last, First, Middle Initial)

Francis Tagmire

Mailing Address PO Box 295

City
Oaklyn

State
NJ

Zip Code
08107-0295

Purpose of Disbursement
compliance and reporting consulting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4474

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.00

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

C.

Full Name (Last, First, Middle Initial)

Ronald Tallarida

Mailing Address PO Box 295

City
Oaklyn

State
NJ

Zip Code
08107-0295

Purpose of Disbursement
Fundraising/campaign manageme consulting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4379

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.00

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

SUBTOTAL of Disbursements This Page (optional)

900.00

TOTAL This Period (last page this line number only)

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

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

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Ronald Tallarida

Mailing Address PO Box 295

City
Oaklyn

State
NJ

Zip Code
08107-0295

Purpose of Disbursement
milage/office supply/media reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4383

Date of Disbursement

/ /

Amount of Each Disbursement this Period

126.89

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

B.

Full Name (Last, First, Middle Initial)

Ronald Tallarida

Mailing Address PO Box 295

City
Oaklyn

State
NJ

Zip Code
08107-0295

Purpose of Disbursement
campaign management/fundraising consult

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4392

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.00

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

C.

Full Name (Last, First, Middle Initial)

Ronald Tallarida

Mailing Address PO Box 295

City
Oaklyn

State
NJ

Zip Code
08107-0295

Purpose of Disbursement
travel reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4407

Date of Disbursement

/ /

Amount of Each Disbursement this Period

16.02

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

SUBTOTAL of Disbursements This Page (optional)

442.91

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
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(check only one)

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Ronald Tallarida

Mailing Address PO Box 295

City
Oaklyn

State
NJ

Zip Code
08107-0295

Purpose of Disbursement
travel reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4465

Date of Disbursement

/ /

Amount of Each Disbursement this Period

27.45

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

B.

Full Name (Last, First, Middle Initial)

Ronald Tallarida

Mailing Address PO Box 295

City
Oaklyn

State
NJ

Zip Code
08107-0295

Purpose of Disbursement
travel reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4470

Date of Disbursement

/ /

Amount of Each Disbursement this Period

15.66

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

C.

Full Name (Last, First, Middle Initial)

Ronald Tallarida

Mailing Address PO Box 295

City
Oaklyn

State
NJ

Zip Code
08107-0295

Purpose of Disbursement
campaign management/fundraising consulat

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4475

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.00

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

SUBTOTAL of Disbursements This Page (optional)

343.11

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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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

target

Mailing Address 751 Route 73 S

City
Marlton

State
NJ

Zip Code
08053-9637

Purpose of Disbursement
office expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5120

Date of Disbursement

/ /

Amount of Each Disbursement this Period

15.04

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

[MEMO ITEM]

10084000

B.

Full Name (Last, First, Middle Initial)

target

Mailing Address 751 Route 73 S

City
Marlton

State
NJ

Zip Code
08053-9637

Purpose of Disbursement
office expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5254

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4.65

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

[MEMO ITEM]

10084000

C.

Full Name (Last, First, Middle Initial)

Thommy G's

Mailing Address 20 West Atlantic Ave

City
Audubon

State
NJ

Zip Code
08106

Purpose of Disbursement
AFC event

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4398

Date of Disbursement

/ /

Amount of Each Disbursement this Period

8807.00

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

SUBTOTAL of Disbursements This Page (optional)

8807.00

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
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NAME OF COMMITTEE (In Full)
 Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial) TJ's Pizza Mailing Address 2661 Main Street	Transaction ID: D5266 Date of Disbursement <div> <div>09</div> <div>26</div> <div>2007</div> </div>
City Lawrenceville State NJ Zip Code 08648 Purpose of Disbursement food expense 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:	Amount of Each Disbursement this Period <div>80.23</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000
B. Full Name (Last, First, Middle Initial) Townhouse Associates Mailing Address 1155 21st St. NW City Washington State DC Zip Code 20036 Purpose of Disbursement AFC event rental 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:	Transaction ID: D4417 Date of Disbursement <div> <div>08</div> <div>16</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>50.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Toys R US Mailing Address Rt. 38 East City Cherry Hill State NJ Zip Code 08002 Purpose of Disbursement gift for donor 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:	Transaction ID: D5146 Date of Disbursement <div> <div>09</div> <div>03</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>47.04</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000

SUBTOTAL of Disbursements This Page (optional)

50.00

TOTAL This Period (last page this line number only)

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

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

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)
travel insurance policy

Mailing Address best efforts

City State Zip Code
Best Efforts VA

Purpose of Disbursement
travel insurance expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4922

Date of Disbursement

/ /

Amount of Each Disbursement this Period

27.00

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

[MEMO ITEM]

10084000

B.

Full Name (Last, First, Middle Initial)
Trenton Printing

Mailing Address 150 Southard Street

City State Zip Code
Trenton NJ 08609

Purpose of Disbursement
AFC picnic invite

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4396

Date of Disbursement

/ /

Amount of Each Disbursement this Period

630.09

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

C.

Full Name (Last, First, Middle Initial)
Trenton Printing

Mailing Address 150 Southard Street

City State Zip Code
Trenton NJ 08609

Purpose of Disbursement
AFC picnic- invites

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4399

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3374.78

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

SUBTOTAL of Disbursements This Page (optional)

4004.87

TOTAL This Period (last page this line number only)

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

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

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

United Air

Mailing Address 77 W. Wacker Dr.

City
Chicago

State
IL

Zip Code
60601

Purpose of Disbursement
travel fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5274

Date of Disbursement

/ /

Amount of Each Disbursement this Period

15.00

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

[MEMO ITEM]

10084000

B.

Full Name (Last, First, Middle Initial)

United Air

Mailing Address 77 W. Wacker Dr.

City
Chicago

State
IL

Zip Code
60601

Purpose of Disbursement
travel expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5281

Date of Disbursement

/ /

Amount of Each Disbursement this Period

997.80

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

[MEMO ITEM]

10084000

C.

Full Name (Last, First, Middle Initial)

US Airways

Mailing Address 2345 Crystal Drive

City
Arlington

State
VA

Zip Code
22202

Purpose of Disbursement
travel expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4855

Date of Disbursement

/ /

Amount of Each Disbursement this Period

10.00

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

[MEMO ITEM]

10084000

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

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NAME OF COMMITTEE (In Full)
 Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial) US Airways Mailing Address 2345 Crystal Drive	Transaction ID: D4856 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 6 / 2 0 0 7</div> </div>
City Arlington State VA Zip Code 22202 Purpose of Disbursement travel 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) ▼	Amount of Each Disbursement this Period <div>10.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000
B. Full Name (Last, First, Middle Initial) US Airways Mailing Address 2345 Crystal Drive City Arlington State VA Zip Code 22202 Purpose of Disbursement travel expense-airfare 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: D4861 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 6 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>374.80</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000
C. Full Name (Last, First, Middle Initial) US Airways Mailing Address 2345 Crystal Drive City Arlington State VA Zip Code 22202 Purpose of Disbursement travel-airfare 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: D4862 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 6 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>374.80</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial)
US House Members Dining Room

Mailing Address Capitol

City Washington State DC Zip Code 20515-0001

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5256

Date of Disbursement

/ /

Amount of Each Disbursement this Period

9.95

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

[MEMO ITEM]

10084000

B. Full Name (Last, First, Middle Initial)
US House Members Dining Room

Mailing Address Capitol

City Washington State DC Zip Code 20515-0001

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5262

Date of Disbursement

/ /

Amount of Each Disbursement this Period

9.95

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

[MEMO ITEM]

10084000

C. Full Name (Last, First, Middle Initial)
US House Members Dining Room

Mailing Address Capitol

City Washington State DC Zip Code 20515-0001

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5269

Date of Disbursement

/ /

Amount of Each Disbursement this Period

9.95

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

[MEMO ITEM]

10084000

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial)
US House Members Dining Room

Mailing Address Capitol

City Washington State DC Zip Code 20515-0001

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4777

Date of Disbursement

/ /

Amount of Each Disbursement this Period

14.95

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

[MEMO ITEM]

10084000

B. Full Name (Last, First, Middle Initial)
US House Members Dining Room

Mailing Address Capitol

City Washington State DC Zip Code 20515-0001

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4788

Date of Disbursement

/ /

Amount of Each Disbursement this Period

9.95

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

[MEMO ITEM]

10084000

C. Full Name (Last, First, Middle Initial)
US House Members Dining Room

Mailing Address Capitol

City Washington State DC Zip Code 20515-0001

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4852

Date of Disbursement

/ /

Amount of Each Disbursement this Period

76.05

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

[MEMO ITEM]

10084000

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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NAME OF COMMITTEE (In Full)
 Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial)
 US House Members Dining Room

Mailing Address Capitol

City Washington State DC Zip Code 20515-0001

Purpose of Disbursement
 food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4879

Date of Disbursement

07 / 30 / 2007

Amount of Each Disbursement this Period

47.40

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

[MEMO ITEM]

10084000

B. Full Name (Last, First, Middle Initial)
 US House Members Dining Room

Mailing Address Capitol

City Washington State DC Zip Code 20515-0001

Purpose of Disbursement
 food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4889

Date of Disbursement

08 / 01 / 2007

Amount of Each Disbursement this Period

9.95

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

[MEMO ITEM]

10084000

C. Full Name (Last, First, Middle Initial)
 US House Members Dining Room

Mailing Address Capitol

City Washington State DC Zip Code 20515-0001

Purpose of Disbursement
 food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4891

Date of Disbursement

08 / 01 / 2007

Amount of Each Disbursement this Period

74.75

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

[MEMO ITEM]

10084000

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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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial)
US House Members Dining Room

Mailing Address Capitol

City Washington State DC Zip Code 20515-0001

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4900

Date of Disbursement

/ /

Amount of Each Disbursement this Period

67.05

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

[MEMO ITEM]

10084000

B. Full Name (Last, First, Middle Initial)
US House Members Dining Room

Mailing Address Capitol

City Washington State DC Zip Code 20515-0001

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4902

Date of Disbursement

/ /

Amount of Each Disbursement this Period

20.30

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

[MEMO ITEM]

10084000

C. Full Name (Last, First, Middle Initial)
US House Members Dining Room

Mailing Address Capitol

City Washington State DC Zip Code 20515-0001

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4907

Date of Disbursement

/ /

Amount of Each Disbursement this Period

66.30

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

[MEMO ITEM]

10084000

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 PageFOR 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)

Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial)
US House Members Dining Room

Mailing Address Capitol

City Washington State DC Zip Code 20515-0001

Purpose of Disbursement
food expense

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5175

Date of Disbursement

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

Amount of Each Disbursement this Period

9.95

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

B. Full Name (Last, First, Middle Initial)
Verizon Wireless

Mailing Address PO Box 17464

City Baltimore State MD Zip Code 21297-1464

Purpose of Disbursement
cell phone bill

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4395

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	0		2	0	0	7

Amount of Each Disbursement this Period

942.02

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**C.** Full Name (Last, First, Middle Initial)
Verizon Wireless

Mailing Address PO Box 17464

City Baltimore State MD Zip Code 21297-1464

Purpose of Disbursement
cell phone bill

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4469

Date of Disbursement

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

Amount of Each Disbursement this Period

1025.47

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

SUBTOTAL of Disbursements This Page (optional)

1967.49

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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
 Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO Box 17464	Transaction ID: D5135 Date of Disbursement <div> <div>08</div> <div>30</div> <div>2007</div> </div>
City Baltimore State MD Zip Code 21297-1464 Purpose of Disbursement office 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) ▼	Amount of Each Disbursement this Period <div>331.66</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000
B. Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO Box 17464 City Baltimore State MD Zip Code 21297-1464 Purpose of Disbursement office 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) ▼	Transaction ID: D5178 Date of Disbursement <div> <div>09</div> <div>07</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>235.39</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000
C. Full Name (Last, First, Middle Initial) Verizon Mailing Address PO Box 17577 City Baltimore State MD Zip Code 21297-0513 Purpose of Disbursement phone bill 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: D4382 Date of Disbursement <div> <div>09</div> <div>19</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>47.34</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

47.34

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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(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Verizon

Mailing Address PO Box 17577

City
Baltimore

State
MD

Zip Code
21297-0513

Purpose of Disbursement
phone bill

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4410

Date of Disbursement

/ /

Amount of Each Disbursement this Period

47.08

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

B.

Full Name (Last, First, Middle Initial)

Verizon

Mailing Address PO Box 17577

City
Baltimore

State
MD

Zip Code
21297-0513

Purpose of Disbursement
phone bill

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4422

Date of Disbursement

/ /

Amount of Each Disbursement this Period

47.64

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

C.

Full Name (Last, First, Middle Initial)

Waffle House

Mailing Address 1326 Policy Dr

City
Belcamp

State
MD

Zip Code
21017-1510

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4854

Date of Disbursement

/ /

Amount of Each Disbursement this Period

9.46

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

[MEMO ITEM]
10084000

SUBTOTAL of Disbursements This Page (optional)

94.72

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

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
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NAME OF COMMITTEE (In Full)
Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial) Walmart Mailing Address 150 E Route 70	Transaction ID: D5195 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 4 / 2 0 0 7</div> </div>
City Marlton State NJ Zip Code 08053-1856 Purpose of Disbursement event supplies 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) ▼	Amount of Each Disbursement this Period <div>21.83</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000
B. Full Name (Last, First, Middle Initial) Walnut Street Theatre Mailing Address 825 Walnut St City Philadelphia State PA Zip Code 19107-5107 Purpose of Disbursement gift for donor 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: D4767 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 6 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>135.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000
C. Full Name (Last, First, Middle Initial) Walnut Street Theatre Mailing Address 825 Walnut St City Philadelphia State PA Zip Code 19107-5107 Purpose of Disbursement gift for donor 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: D4772 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 7 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>135.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000

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 PageFOR 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)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Walnut Street Theatre

Mailing Address 825 Walnut St

City
PhiladelphiaState
PAZip Code
19107-5107Purpose of Disbursement
gift for donor

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4787

Date of Disbursement

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

Amount of Each Disbursement this Period

270.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

B.

Full Name (Last, First, Middle Initial)

Walnut Street Theatre

Mailing Address 825 Walnut St

City
PhiladelphiaState
PAZip Code
19107-5107Purpose of Disbursement
gift for donor

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4804

Date of Disbursement

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

Amount of Each Disbursement this Period

30.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

C.

Full Name (Last, First, Middle Initial)

WaWa

Mailing Address 2 Eayrestown

City
MedfordState
NJZip Code
08055Purpose of Disbursement
food expense

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4749

Date of Disbursement

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

Amount of Each Disbursement this Period

53.01

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

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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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
 Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Wegman's

Mailing Address 2 Centerton Rd

City Mount Laurel State NJ Zip Code 08054-6102

Purpose of Disbursement
 food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4769

Date of Disbursement

07 / 05 / 2007

Amount of Each Disbursement this Period

395.32

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

[MEMO ITEM]

10084000

B.

Full Name (Last, First, Middle Initial)

Wegman's

Mailing Address 2 Centerton Rd

City Mount Laurel State NJ Zip Code 08054-6102

Purpose of Disbursement
 food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4774

Date of Disbursement

07 / 09 / 2007

Amount of Each Disbursement this Period

112.28

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

[MEMO ITEM]

10084000

C.

Full Name (Last, First, Middle Initial)

Wegman's

Mailing Address 2 Centerton Rd

City Mount Laurel State NJ Zip Code 08054-6102

Purpose of Disbursement
 event food

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5150

Date of Disbursement

09 / 03 / 2007

Amount of Each Disbursement this Period

834.55

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

[MEMO ITEM]

10084000

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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial) Westin Hotels Philadelphia Mailing Address 99 S. 17th Street	Transaction ID: D4785 Date of Disbursement <div> <div>07</div> <div>11</div> <div>2007</div> </div>
City State Zip Code Bryn Mawr PA 19010 Purpose of Disbursement auto expense 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:	Amount of Each Disbursement this Period <div>49.59</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000
B. Full Name (Last, First, Middle Initial) william penn Mailing Address best efforts City State Zip Code Philadelphia PA Purpose of Disbursement auto expense 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:	Transaction ID: D4896 Date of Disbursement <div> <div>08</div> <div>03</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>24.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000
C. Full Name (Last, First, Middle Initial) Williams - Sonoma Mailing Address 131 N La Cienega Blvd City State Zip Code Los Angeles CA 90048-3309 Purpose of Disbursement gift for donor 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:	Transaction ID: D5170 Date of Disbursement <div> <div>09</div> <div>06</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>150.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000

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

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
 Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial) Wonderland Pier Mailing Address Boardwalk	Transaction ID: D4766 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 6 / 2 0 0 7</div> </div>
City Ocean City State NJ Zip Code 08028 Purpose of Disbursement gift for donor 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:	Amount of Each Disbursement this Period <div> <div></div> <div>100.00</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] 10084000
B. Full Name (Last, First, Middle Initial) Y-BY Rental center Mailing Address 1010 Rt 45 City Woodbury Heights State NJ Zip Code 08097 Purpose of Disbursement rental supplies for AFC picnic 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:	Transaction ID: D4376 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 7 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>607.64</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) David Yancey Mailing Address 28 Farnwood Rd City Mount Laurel State NJ Zip Code 08054-2914 Purpose of Disbursement travel reimbursement 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:	Transaction ID: D4391 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 3 0 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>142.93</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

750.57

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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Zorba

Mailing Address 183 Nassau St

City
Princeton

State
NJ

Zip Code
08542-7007

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5168

Date of Disbursement

/ /

Amount of Each Disbursement this Period

86.88

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

[MEMO ITEM]

10084000

B.

Full Name (Last, First, Middle Initial)

1-800 flowers inc

Mailing Address online order

City
New York

State
NY

Zip Code
11514

Purpose of Disbursement
flowers for donor

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4831

Date of Disbursement

/ /

Amount of Each Disbursement this Period

72.98

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

America

Mailing Address 50 Massachusetts AveNE

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4832

Date of Disbursement

/ /

Amount of Each Disbursement this Period

82.22

☐ 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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
 Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial) Amtrak Mailing Address station avenue	Transaction ID: D4842 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 3 / 2 0 0 7</div> </div>
City Haddon Heights State NJ Zip Code 08035 Purpose of Disbursement travel expense 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:	Amount of Each Disbursement this Period <div>145.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Amtrak Mailing Address station avenue City Haddon Heights State NJ Zip Code 08035 Purpose of Disbursement travel expense 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:	Transaction ID: D4847 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 4 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>101.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) April Robin Florist Mailing Address 620 Station Ave City Haddon Heights State NJ Zip Code 08035-1907 Purpose of Disbursement flower/gift for donor 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:	Transaction ID: D4838 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 3 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>90.95</div> <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

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NAME OF COMMITTEE (In Full)
 Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial) Barnes & Noble Mailing Address 200 W Route 70	Transaction ID: D4843 Date of Disbursement <div> <div>07</div> <div>23</div> <div>2007</div> </div>
City Marlton State NJ Zip Code 08053-1634 Purpose of Disbursement press/book 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:	Amount of Each Disbursement this Period <div>449.14</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) bistro Mailing Address 2401 M St NW City Washington State DC Zip Code 20037-1408 Purpose of Disbursement food expense 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:	Transaction ID: D4814 Date of Disbursement <div> <div>07</div> <div>16</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>206.85</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) broadway theater of Pitman Mailing Address 43 S Broadway City Pitman State NJ Zip Code 08071-1413 Purpose of Disbursement gift for donor 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:	Transaction ID: D4821 Date of Disbursement <div> <div>07</div> <div>19</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>57.95</div> <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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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)
cheesecake factory

Mailing Address rt.70

City State Zip Code
Cherry Hill NJ 08034

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4827

Date of Disbursement

/ /

Amount of Each Disbursement this Period

52.95

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Dunkin Donuts

Mailing Address White Horse Pike

City State Zip Code
Lawnside NJ 08049

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4840

Date of Disbursement

/ /

Amount of Each Disbursement this Period

6.28

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Enterprise Rental Car

Mailing Address Rt.73

City State Zip Code
Moorestown NJ 08057

Purpose of Disbursement
auto expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4816

Date of Disbursement

/ /

Amount of Each Disbursement this Period

284.32

☐ 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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NAME OF COMMITTEE (In Full)
 Rob Andrews U.S. House Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) ExxonMobil</p> <p>Mailing Address Rt. 73</p> <p>City Marlton State NJ Zip Code 08053</p> <p>Purpose of Disbursement gas/auto 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>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D4818</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 7</div> <div>1 8</div> <div>2 0 0 7</div> </div> </p> <p>Amount of Each Disbursement this Period <div>19.82</div> </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.</p> <p>Full Name (Last, First, Middle Initial) Holiday Inns Capitol</p> <p>Mailing Address 550 C St SW</p> <p>City Washington State DC Zip Code 20024-2514</p> <p>Purpose of Disbursement hotel 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>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D4836</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 7</div> <div>2 0</div> <div>2 0 0 7</div> </div> </p> <p>Amount of Each Disbursement this Period <div>911.37</div> </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.</p> <p>Full Name (Last, First, Middle Initial) Holiday Inns Capitol</p> <p>Mailing Address 550 C St SW</p> <p>City Washington State DC Zip Code 20024-2514</p> <p>Purpose of Disbursement hotel 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>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D4849</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 7</div> <div>2 4</div> <div>2 0 0 7</div> </div> </p> <p>Amount of Each Disbursement this Period <div>237.82</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

X	17		18		19a		19b
	20a		20b		20c		21

Rob Andrews U.S. House Committee

FEC Schedule B (Form 3) (Revised 02/2003)

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

Use separate schedule(s)
for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)
 Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Pathmark

Mailing Address White Horse Pike

City State Zip Code
 Lawnside NJ 08045

Purpose of Disbursement
 food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4823

Date of Disbursement

/ /

Amount of Each Disbursement this Period

78.10

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Ralph's & Francesca's

Mailing Address Station Avenue

City State Zip Code
 Haddon Heights NJ 08035

Purpose of Disbursement
 food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4837

Date of Disbursement

/ /

Amount of Each Disbursement this Period

77.73

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

ruby tuesday

Mailing Address

City State Zip Code
 Wilmington DE

Purpose of Disbursement
 food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4845

Date of Disbursement

/ /

Amount of Each Disbursement this Period

32.14

☐ 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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NAME OF COMMITTEE (In Full)
 Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial) sansom Mailing Address 108 S 20th St	Transaction ID: D4851 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 5 / 2 0 0 7</div> </div>
City Philadelphia State PA Zip Code 19103-4410 Purpose of Disbursement parking expense 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:	Amount of Each Disbursement this Period <div> <div></div> <div>24.00</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Shell Oil Mailing Address White Horse Pike City Haddon Heights State NJ Zip Code 08035 Purpose of Disbursement gas/auto expense 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:	Transaction ID: D4811 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 6 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>40.42</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Shell Oil Mailing Address White Horse Pike City Haddon Heights State NJ Zip Code 08035 Purpose of Disbursement gas/auto expense 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:	Transaction ID: D4815 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 6 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>40.75</div> </div> <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) ▶	<div> <div></div> <div>0.00</div> </div>
TOTAL This Period (last page this line number only) ▶	<div> <div></div> </div>

X	17		18		19a		19b
	20a		20b		20c		21

NAME OF COMMITTEE (In Full)
Rob Andrews U.S. House Committee

FEC Schedule B (Form 3) (Revised 02/2003)

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

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

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

silver diner

Mailing Address 2131 Route 38

City
Cherry Hill

State
NJ

Zip Code
08002-2045

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4833

Date of Disbursement

07 / 20 / 2007

Amount of Each Disbursement this Period

106.91

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

sonya beebblankie llc

Mailing Address 325 N Saint Paul St

City
Dallas

State
TX

Zip Code
75201-3801

Purpose of Disbursement
gift for donor

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4813

Date of Disbursement

07 / 17 / 2007

Amount of Each Disbursement this Period

65.95

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Staples

Mailing Address Rt. 70

City
Cherry Hill

State
NJ

Zip Code
08003

Purpose of Disbursement
office supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4829

Date of Disbursement

07 / 19 / 2007

Amount of Each Disbursement this Period

57.76

☐ 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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NAME OF COMMITTEE (In Full)
 Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial) Sunoco	Transaction ID: D4812 Date of Disbursement
Mailing Address White Horse Pike	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 6 / 2 0 0 7</div> </div>
City Hammonton State NJ Zip Code 08037	Amount of Each Disbursement this Period
Purpose of Disbursement gas/auto expense	<div> <div>45.26</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	
B. Full Name (Last, First, Middle Initial) US House Members Dining Room	Transaction ID: D4810 Date of Disbursement
Mailing Address Capitol	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 7 / 2 0 0 7</div> </div>
City Washington State DC Zip Code 20515-0001	Amount of Each Disbursement this Period
Purpose of Disbursement food expense	<div> <div>33.40</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	
C. Full Name (Last, First, Middle Initial) US House Members Dining Room	Transaction ID: D4817 Date of Disbursement
Mailing Address Capitol	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 8 / 2 0 0 7</div> </div>
City Washington State DC Zip Code 20515-0001	Amount of Each Disbursement this Period
Purpose of Disbursement food expense	<div> <div>9.95</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
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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NAME OF COMMITTEE (In Full)
 Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial) US House Members Dining Room	Transaction ID: D4820 Date of Disbursement
Mailing Address Capitol	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 9 / 2 0 0 7</div> </div>
City Washington State DC Zip Code 20515-0001	Amount of Each Disbursement this Period
Purpose of Disbursement food expense	<div> <div>51.15</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> <div>Category/Type</div> <div>[MEMO ITEM]</div> </div>
B. Full Name (Last, First, Middle Initial) US House Members Dining Room	Transaction ID: D4822 Date of Disbursement
Mailing Address Capitol	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 8 / 2 0 0 7</div> </div>
City Washington State DC Zip Code 20515-0001	Amount of Each Disbursement this Period
Purpose of Disbursement food expense	<div> <div>76.10</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> <div>Category/Type</div> <div>[MEMO ITEM]</div> </div>
C. Full Name (Last, First, Middle Initial) US House Members Dining Room	Transaction ID: D4848 Date of Disbursement
Mailing Address Capitol	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 4 / 2 0 0 7</div> </div>
City Washington State DC Zip Code 20515-0001	Amount of Each Disbursement this Period
Purpose of Disbursement food expense	<div> <div>102.75</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> <div>Category/Type</div> <div>[MEMO ITEM]</div> </div>

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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
 Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial)
 US House Members Dining Room

Mailing Address Capitol

City Washington State DC Zip Code 20515-0001

Purpose of Disbursement
 food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4850

Date of Disbursement

/ /

Amount of Each Disbursement this Period

9.95

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

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
 WaWa

Mailing Address 2 Eayrestown

City Medford State NJ Zip Code 08055

Purpose of Disbursement
 food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4834

Date of Disbursement

/ /

Amount of Each Disbursement this Period

318.84

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

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
 WaWa

Mailing Address 2 Eayrestown

City Medford State NJ Zip Code 08055

Purpose of Disbursement
 food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4839

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2.00

☐ 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)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

WaWa

Mailing Address 2 Eayrestown

City
Medford

State
NJ

Zip Code
08055

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4841

Date of Disbursement

/ /

Amount of Each Disbursement this Period

8.00

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Wegman's

Mailing Address 2 Centerton Rd

City
Mount Laurel

State
NJ

Zip Code
08054-6102

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4825

Date of Disbursement

/ /

Amount of Each Disbursement this Period

30.02

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Wegman's

Mailing Address 2 Centerton Rd

City
Mount Laurel

State
NJ

Zip Code
08054-6102

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4830

Date of Disbursement

/ /

Amount of Each Disbursement this Period

66.51

☐ 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)

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

windows catering

Mailing Address 5720 General Washington Dr

City Alexandria State VA Zip Code 22312-2407

Purpose of Disbursement

AFC event food

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4835

Date of Disbursement

07 / 19 / 2007

Amount of Each Disbursement this Period

465.83

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

1-800 flowers inc

Mailing Address online order

City New York State NY Zip Code 11514

Purpose of Disbursement

flowers for donor

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5080

Date of Disbursement

08 / 21 / 2007

Amount of Each Disbursement this Period

72.98

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

1-800 flowers inc

Mailing Address online order

City New York State NY Zip Code 11514

Purpose of Disbursement

flowers for donor

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5108

Date of Disbursement

08 / 27 / 2007

Amount of Each Disbursement this Period

115.54

☐ 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

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Amazon.com

Mailing Address PO Box 81226

City
Seattle

State
WA

Zip Code
98108-1300

Purpose of Disbursement
office supply

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5103

Date of Disbursement

/ /

Amount of Each Disbursement this Period

20.49

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

American Cancer Society

Mailing Address 1851 Old Cuthbert Rd

City
Cherry Hill

State
NJ

Zip Code
08034-1415

Purpose of Disbursement
donation

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5070

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

April Robin Florist

Mailing Address 620 Station Ave

City
Haddon Heights

State
NJ

Zip Code
08035-1907

Purpose of Disbursement
flowers funeral

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5069

Date of Disbursement

/ /

Amount of Each Disbursement this Period

195.28

☐ 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:
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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
 Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial) April Robin Florist Mailing Address 620 Station Ave	Transaction ID: D5089 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 3 / 2 0 0 7</div> </div>
City Haddon Heights State NJ Zip Code 08035-1907 Purpose of Disbursement gift for donor 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:	Amount of Each Disbursement this Period <div>115.03</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) April Robin Florist Mailing Address 620 Station Ave City Haddon Heights State NJ Zip Code 08035-1907 Purpose of Disbursement flowers for donor 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:	Transaction ID: D5096 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 4 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>90.95</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) avis rental car Mailing Address airport City Chicago State IL Zip Code 60601 Purpose of Disbursement car rental 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:	Transaction ID: D5099 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 4 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>373.59</div> <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) ►

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X	17		18		19a		19b
	20a		20b		20c		21

Rob Andrews U.S. House Committee

A. Best Buy <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Mailing Address Deptford Center ROad </div> <div style="width: 35%;"> <div style="display: flex; justify-content: space-between;"> <div> City Deptford </div> <div> State NJ </div> <div> Zip Code 08096 </div> </div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 55%;"> Purpose of Disbursement office-computer </div> <div style="width: 40%; border: 1px solid black; text-align: center;"> Category/ Type </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div> <div style="width: 65%;"> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> State: District: </div> <div style="width: 65%;"></div> </div>	<div style="border: 1px solid black; padding: 5px;"> Transaction ID: D5101 Date of Disbursement <div style="display: flex; justify-content: space-around; font-family: monospace;"> M M / D D / Y Y Y Y </div> <div style="display: flex; justify-content: space-around;"> 0 8 2 4 2 0 0 7 </div> </div> <div style="margin-top: 10px;"> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;"> 3441.05 </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] </div>
B. Bread Board Plus <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Mailing Address Haddon Avenue </div> <div style="width: 35%;"> <div style="display: flex; justify-content: space-between;"> <div> City Haddonfield </div> <div> State NJ </div> <div> Zip Code 08033 </div> </div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 55%;"> Purpose of Disbursement food expense </div> <div style="width: 40%; border: 1px solid black; text-align: center;"> Category/ Type </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div> <div style="width: 65%;"> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> State: District: </div> <div style="width: 65%;"></div> </div>	<div style="border: 1px solid black; padding: 5px;"> Transaction ID: D5083 Date of Disbursement <div style="display: flex; justify-content: space-around; font-family: monospace;"> M M / D D / Y Y Y Y </div> <div style="display: flex; justify-content: space-around;"> 0 8 2 1 2 0 0 7 </div> </div> <div style="margin-top: 10px;"> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;"> 185.95 </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] </div>
C. Caffe Lamberti <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Mailing Address Rt 38 </div> <div style="width: 35%;"> <div style="display: flex; justify-content: space-between;"> <div> City Cherry Hill </div> <div> State NJ </div> <div> Zip Code 08034 </div> </div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 55%;"> Purpose of Disbursement food expense </div> <div style="width: 40%; border: 1px solid black; text-align: center;"> Category/ Type </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div> <div style="width: 65%;"> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> State: District: </div> <div style="width: 65%;"></div> </div>	<div style="border: 1px solid black; padding: 5px;"> Transaction ID: D5098 Date of Disbursement <div style="display: flex; justify-content: space-around; font-family: monospace;"> M M / D D / Y Y Y Y </div> <div style="display: flex; justify-content: space-around;"> 0 8 2 4 2 0 0 7 </div> </div> <div style="margin-top: 10px;"> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;"> 348.73 </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] </div>
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 65%;"> SUBTOTAL of Disbursements This Page (optional) </div> <div style="width: 30%; text-align: right;"> <div style="border: 1px solid black; padding: 5px; text-align: right;"> 0.00 </div> </div> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"> <div style="width: 65%;"> TOTAL This Period (last page this line number only) </div> <div style="width: 30%; text-align: right;"> <div style="border: 1px solid black; padding: 5px; text-align: right;"> </div> </div> </div>	

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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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Charlie Brown's

Mailing Address Broad Stret

City
Woodbury

State
NJ

Zip Code
08096

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5086

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Cherry Hill Mall

Mailing Address Rt. 38

City
Cherry Hill

State
NJ

Zip Code
08034

Purpose of Disbursement
gift for donor

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5109

Date of Disbursement

/ /

Amount of Each Disbursement this Period

252.00

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Chocolate Heaven

Mailing Address Atlantic & Station Avenue

City
Haddon Heights

State
NJ

Zip Code
08035

Purpose of Disbursement
gift for donor

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5082

Date of Disbursement

/ /

Amount of Each Disbursement this Period

107.00

☐ 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)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Chocolate Heaven

Mailing Address Atlantic & Station Avenue

City State Zip Code
Haddon Heights NJ 08035

Purpose of Disbursement
gift for donor

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5087

Date of Disbursement

/ /

Amount of Each Disbursement this Period

409.81

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Chocolate Heaven

Mailing Address Atlantic & Station Avenue

City State Zip Code
Haddon Heights NJ 08035

Purpose of Disbursement
gift for donor

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5095

Date of Disbursement

/ /

Amount of Each Disbursement this Period

64.20

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Chocolate Heaven

Mailing Address Atlantic & Station Avenue

City State Zip Code
Haddon Heights NJ 08035

Purpose of Disbursement
gift for donor

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5105

Date of Disbursement

/ /

Amount of Each Disbursement this Period

42.80

☐ 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 PageFOR 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)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Crytsal Lake Diner

Mailing Address 571 East Cuthbert Blvd.

City
Haddon TownshipState
NJZip Code
08108Purpose of Disbursement
food expense

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5076

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	7	

Amount of Each Disbursement this Period

28.33

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

Deptford Mall

Mailing Address 1750 Deptford Center Rd

City
DeptfordState
NJZip Code
08096Purpose of Disbursement
gift for donor

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5088

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	3		2	0	7	

Amount of Each Disbursement this Period

102.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

Enterprise Rental Car

Mailing Address Rt.73

City
MoorestownState
NJZip Code
08057Purpose of Disbursement
auto-car rental

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5090

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	3		2	0	7	

Amount of Each Disbursement this Period

269.22

☐ 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
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NAME OF COMMITTEE (In Full)
 Rob Andrews U.S. House Committee

A.

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

Mailing Address 2000 Route 38

City State Zip Code
 Cherry Hill NJ 08002

Purpose of Disbursement
 office expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5107

Date of Disbursement

/ /

Amount of Each Disbursement this Period

96.27

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
 ExxonMobil

Mailing Address Rt. 73

City State Zip Code
 Marlton NJ 08053

Purpose of Disbursement
 auto-gas expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5093

Date of Disbursement

/ /

Amount of Each Disbursement this Period

34.25

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
 Holiday Inns Cherry Hill

Mailing Address Rt. 70

City State Zip Code
 Cherry Hill NJ 08002

Purpose of Disbursement
 office-room rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5084

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

☐ 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

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NAME OF COMMITTEE (In Full)
 Rob Andrews U.S. House Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Houston's</p> <p>Mailing Address 17355 Biscayne Blvd</p> <p>City North Miami State FL Zip Code 33179</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>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D5097</p> <p>Date of Disbursement <div> <div>08</div> <div>24</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period <div>179.45</div> </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.</p> <p>Full Name (Last, First, Middle Initial) island grill</p> <p>Mailing Address 100 Atlantic Ave</p> <p>City Ocean City State NJ Zip Code 08226-4224</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>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D5071</p> <p>Date of Disbursement <div> <div>08</div> <div>16</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period <div>603.04</div> </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.</p> <p>Full Name (Last, First, Middle Initial) Johnson's Popcorn</p> <p>Mailing Address 1360 Boardwalk</p> <p>City Ocean City State NJ Zip Code 08226-3242</p> <p>Purpose of Disbursement gift for donor/volunteer</p> <p>Candidate Name</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>Transaction ID: D5072</p> <p>Date of Disbursement <div> <div>08</div> <div>17</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period <div>48.00</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</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)
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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Iukoil

Mailing Address Black horse plke

City State Zip Code
 Mount Ephraim NJ 08059

Purpose of Disbursement
 auto-gas expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5078

Date of Disbursement

/ /

Amount of Each Disbursement this Period

30.00

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Magnolia Diner

Mailing Address white horse Pike

City State Zip Code
 Magnolia NJ 08049

Purpose of Disbursement
 food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5104

Date of Disbursement

/ /

Amount of Each Disbursement this Period

24.90

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Ocean City Box Office

Mailing Address best efforts

City State Zip Code
 Ocean City NJ 00000

Purpose of Disbursement
 donation-firefighter event

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5068

Date of Disbursement

/ /

Amount of Each Disbursement this Period

152.00

☐ 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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Original Fudge Kitchen

Mailing Address 800 Boardwalk

City
Ocean City

State
NJ

Zip Code
08226-3617

Purpose of Disbursement
gift for donor

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5075

Date of Disbursement

/ /

Amount of Each Disbursement this Period

93.38

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Pop Shop

Mailing Address 729 Haddon Ave

City
Collingswood

State
NJ

Zip Code
08108-3711

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5081

Date of Disbursement

/ /

Amount of Each Disbursement this Period

102.17

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Ralph's & Francesca's

Mailing Address Station Avenue

City
Haddon Heights

State
NJ

Zip Code
08035

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5094

Date of Disbursement

/ /

Amount of Each Disbursement this Period

43.57

☐ 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 PageFOR LINE NUMBER:
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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)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Hot and Blue Red

Mailing Address 7 Marlton Pike W

City
Cherry HillState
NJZip Code
08002-3098Purpose of Disbursement
food expense

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5079

Date of Disbursement

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

Amount of Each Disbursement this Period

36.80

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

Ruth's Hallmark

Mailing Address Almonesson Road

City
DeptfordState
NJZip Code
08096Purpose of Disbursement
office supplies

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5085

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	2		2	0	0	7

Amount of Each Disbursement this Period

2.77

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

Shell Oil

Mailing Address White Horse Pike

City
Haddon HeightsState
NJZip Code
08035Purpose of Disbursement
auto- gas expense

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5077

Date of Disbursement

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

Amount of Each Disbursement this Period

25.50

☐ 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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NAME OF COMMITTEE (In Full)
 Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial) Shell Oil Mailing Address White Horse Pike	Transaction ID: D5091 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 4 / 2 0 0 7</div> </div>
City Haddon Heights State NJ Zip Code 08035 Purpose of Disbursement auto-gas expense 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:	Amount of Each Disbursement this Period <div> <div></div> <div>16.27</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Shell Oil Mailing Address White Horse Pike City Haddon Heights State NJ Zip Code 08035 Purpose of Disbursement auto-gas expense 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:	Transaction ID: D5092 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 4 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>34.20</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Shriver's salt water taffy Mailing Address Boardwalk & 9th City Ocean City State NJ Zip Code 08226 Purpose of Disbursement gift for donor 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:	Transaction ID: D5073 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 7 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>53.51</div> </div> <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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NAME OF COMMITTEE (In Full)
 Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial) sonya bebeblankee llc Mailing Address 325 N Saint Paul St	Transaction ID: D5074 Date of Disbursement <div> <div>08</div> <div>17</div> <div>2007</div> </div>
City Dallas State TX Zip Code 75201-3801 Purpose of Disbursement gift for donor 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:	Amount of Each Disbursement this Period <div>65.95</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Station House Restaurant Mailing Address Station Avenue City Haddon Heights State NJ Zip Code 08035 Purpose of Disbursement food expense 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:	Transaction ID: D5106 Date of Disbursement <div> <div>08</div> <div>27</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>70.48</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Thommy G's Mailing Address 20 West Atlantic Ave City Audubon State NJ Zip Code 08106 Purpose of Disbursement food expense 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:	Transaction ID: D5100 Date of Disbursement <div> <div>08</div> <div>24</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>500.00</div> <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
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
 Rob Andrews U.S. House Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Wendys</p> <p>Mailing Address 880 Haddonfield Berlin Rd</p> <p>City Voorhees State NJ Zip Code 08043-4300</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 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: D5102</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 5.29</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.</p> <p>Full Name (Last, First, Middle Initial) 1-800 flowers inc</p> <p>Mailing Address online order</p> <p>City New York State NY Zip Code 11514</p> <p>Purpose of Disbursement gift for donor</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: D5236</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 72.98</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.</p> <p>Full Name (Last, First, Middle Initial) Acme Markets</p> <p>Mailing Address Black Horse Pike</p> <p>City Audubon State NJ Zip Code 08106</p> <p>Purpose of Disbursement event food expense</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: D5224</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 126.88</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>SUBTOTAL of Disbursements This Page (optional) ►</p>	
<p>TOTAL This Period (last page this line number only) ►</p>	

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

America

Mailing Address 50 Massachusetts AveNE

City Washington State DC Zip Code 20002

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5218

Date of Disbursement

/ /

Amount of Each Disbursement this Period

38.32

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Amtrak

Mailing Address station avenue

City Haddon Heights State NJ Zip Code 08035

Purpose of Disbursement
travel expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5225

Date of Disbursement

/ /

Amount of Each Disbursement this Period

178.00

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Amtrak

Mailing Address station avenue

City Haddon Heights State NJ Zip Code 08035

Purpose of Disbursement
travel expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5226

Date of Disbursement

/ /

Amount of Each Disbursement this Period

178.00

☐ 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
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(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)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Amtrak

Mailing Address station avenue

City Haddon Heights State NJ Zip Code 08035

Purpose of Disbursement
travel expense

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5227

Date of Disbursement

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

Amount of Each Disbursement this Period

178.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

Amtrak

Mailing Address station avenue

City Haddon Heights State NJ Zip Code 08035

Purpose of Disbursement
travel-parking train

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5231

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	0	7

Amount of Each Disbursement this Period

30.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

Amtrak

Mailing Address station avenue

City Haddon Heights State NJ Zip Code 08035

Purpose of Disbursement
travel expense park

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5232

Date of Disbursement

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

Amount of Each Disbursement this Period

30.00

☐ 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 PageFOR 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)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

April Robin Florist

Mailing Address 620 Station Ave

City
Haddon HeightsState
NJZip Code
08035-1907Purpose of Disbursement
flowers for donor

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5222

Date of Disbursement

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

Amount of Each Disbursement this Period

87.21

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

April Robin Florist

Mailing Address 620 Station Ave

City
Haddon HeightsState
NJZip Code
08035-1907Purpose of Disbursement
flower for donor

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5246

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	0	7

Amount of Each Disbursement this Period

89.35

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

BCCC

Mailing Address 30th St.

City
PhiladelphiaState
PAZip Code
19085Purpose of Disbursement
office expense

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5239

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	0	7

Amount of Each Disbursement this Period

4.13

☐ 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)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial) Bridgewaters Pub Mailing Address 2951 Market ST.	Transaction ID: D5233 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 9 / 2 0 0 7</div> </div>
City Philadelphia State PA Zip Code 19104 Purpose of Disbursement food expense 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:	Amount of Each Disbursement this Period <div> <div></div> <div>75.29</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) broadway theater of Pitman Mailing Address 43 S Broadway City Pitman State NJ Zip Code 08071-1413 Purpose of Disbursement event 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:	Transaction ID: D5253 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 4 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>1159.00</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Capitol Coffee shop Mailing Address 1st Nj Ave SE City Washington State DC Zip Code 20515-0001 Purpose of Disbursement food expense 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:	Transaction ID: D5228 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 9 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>3.60</div> </div> <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

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(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
 Rob Andrews U.S. House Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Chocolate Heaven</p> <p>Mailing Address Atlantic & Station Avenue</p> <p>City Haddon Heights State NJ Zip Code 08035</p> <p>Purpose of Disbursement gift for donor</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: D5250 Date of Disbursement 09 / 24 / 2007</p> <p>Amount of Each Disbursement this Period 115.56</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Chops Restaurant</p> <p>Mailing Address 401 E City Ave</p> <p>City Bala Cynwyd State PA Zip Code 19004</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 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: D5247 Date of Disbursement 09 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 171.22</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Edible Arrangements</p> <p>Mailing Address 350 Main Street</p> <p>City Hackensack State NJ Zip Code 07601</p> <p>Purpose of Disbursement gift for donor</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: D5223 Date of Disbursement 09 / 18 / 2007</p> <p>Amount of Each Disbursement this Period 90.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]</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

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(check only one)

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Holiday Inns Capitol

Mailing Address 550 C St SW

City
Washington

State
DC

Zip Code
20024-2514

Purpose of Disbursement
hotel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5248

Date of Disbursement

09 / 21 / 2007

Amount of Each Disbursement this Period

423.64

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Holiday Inns onthe Hill

Mailing Address 550 C St SW

City
Washington

State
DC

Zip Code
20515-0001

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5219

Date of Disbursement

09 / 18 / 2007

Amount of Each Disbursement this Period

54.13

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Holiday Inns onthe Hill

Mailing Address 550 C St SW

City
Washington

State
DC

Zip Code
20515-0001

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5220

Date of Disbursement

09 / 18 / 2007

Amount of Each Disbursement this Period

75.17

☐ 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

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
 Rob Andrews U.S. House Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Holiday Inns onthe HIII</p> <p>Mailing Address 550 C St SW</p> <p>City Washington State DC Zip Code 20515-0001</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 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: D5230</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 7</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>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Holiday Inns onthe HIII</p> <p>Mailing Address 550 C St SW</p> <p>City Washington State DC Zip Code 20515-0001</p> <p>Purpose of Disbursement hotel expense</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: D5237</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 944.62</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.</p> <p>Full Name (Last, First, Middle Initial) Houlihans</p> <p>Mailing Address 555 E City Ave</p> <p>City Bala Cynwyd State PA Zip Code 19004</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 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: D5245</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 56.91</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</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
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NAME OF COMMITTEE (In Full)
 Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial) Morris Travel	Transaction ID: D5214
Mailing Address Station Avenue	Date of Disbursement
	<div> <div> <div>M</div> <div>M</div> </div> <div>/</div> <div> <div>D</div> <div>D</div> </div> <div>/</div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> </div> <div> <div>0</div> <div>9</div> </div> <div> <div>1</div> <div>8</div> </div> <div> <div>2</div> <div>0</div> <div>0</div> <div>7</div> </div>
City Haddon Heights State NJ Zip Code 08035	Amount of Each Disbursement this Period
Purpose of Disbursement	<div> <div>20.00</div> </div>
travel agent fees	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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:	
B. Full Name (Last, First, Middle Initial) Morris Travel	Transaction ID: D5215
Mailing Address Station Avenue	Date of Disbursement
	<div> <div> <div>M</div> <div>M</div> </div> <div>/</div> <div> <div>D</div> <div>D</div> </div> <div>/</div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> </div> <div> <div>0</div> <div>9</div> </div> <div> <div>1</div> <div>8</div> </div> <div> <div>2</div> <div>0</div> <div>0</div> <div>7</div> </div>
City Haddon Heights State NJ Zip Code 08035	Amount of Each Disbursement this Period
Purpose of Disbursement	<div> <div>20.00</div> </div>
travel agent fee	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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:	
C. Full Name (Last, First, Middle Initial) Morris Travel	Transaction ID: D5216
Mailing Address Station Avenue	Date of Disbursement
	<div> <div> <div>M</div> <div>M</div> </div> <div>/</div> <div> <div>D</div> <div>D</div> </div> <div>/</div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> </div> <div> <div>0</div> <div>9</div> </div> <div> <div>1</div> <div>8</div> </div> <div> <div>2</div> <div>0</div> <div>0</div> <div>7</div> </div>
City Haddon Heights State NJ Zip Code 08035	Amount of Each Disbursement this Period
Purpose of Disbursement	<div> <div>20.00</div> </div>
travel agent fee	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Ralph's & Francesca's

Mailing Address Station Avenue

City Haddon Heights State NJ Zip Code 08035

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5249

Date of Disbursement

09 / 24 / 2007

Amount of Each Disbursement this Period

81.48

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Ralph's & Francesca's

Mailing Address Station Avenue

City Haddon Heights State NJ Zip Code 08035

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5251

Date of Disbursement

09 / 24 / 2007

Amount of Each Disbursement this Period

131.17

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Rayburn Cafe

Mailing Address Rayburn House Office Building

City Washington State DC Zip Code 20005

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5212

Date of Disbursement

09 / 18 / 2007

Amount of Each Disbursement this Period

2.86

☐ 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 PageFOR 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)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Hot and Blue Red

Mailing Address 7 Marlton Pike W

City
Cherry HillState
NJZip Code
08002-3098Purpose of Disbursement
food expense

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5240

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	0	7

Amount of Each Disbursement this Period

30.80

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]**B.**

Full Name (Last, First, Middle Initial)

Hot and Blue Red

Mailing Address 7 Marlton Pike W

City
Cherry HillState
NJZip Code
08002-3098Purpose of Disbursement
food expense

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5241

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	0	7

Amount of Each Disbursement this Period

33.28

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]**C.**

Full Name (Last, First, Middle Initial)

Shell Oil

Mailing Address White Horse Pike

City
Haddon HeightsState
NJZip Code
08035Purpose of Disbursement
auto-gas expense

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5242

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	0	7

Amount of Each Disbursement this Period

35.90

☐ 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 PageFOR 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)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Shell Oil

Mailing Address White Horse Pike

City State Zip Code
Haddon Heights NJ 08035Purpose of Disbursement
auto-gas expense

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5244

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	0	7

Amount of Each Disbursement this Period

39.34

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

Staples

Mailing Address Rt. 70

City State Zip Code
Cherry Hill NJ 08003Purpose of Disbursement
office expense

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5221

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	7

Amount of Each Disbursement this Period

82.90

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

Sunoco

Mailing Address White Horse Pike

City State Zip Code
Hammonton NJ 08037Purpose of Disbursement
auto-gas expense

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5235

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	0	7

Amount of Each Disbursement this Period

26.75

☐ 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)

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

The Candy Buffet

Mailing Address 220 Kings Hwy E

City
Haddonfield

State
NJ

Zip Code
08033-1907

Purpose of Disbursement
gift for donor

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5252

Date of Disbursement

/ /

Amount of Each Disbursement this Period

144.45

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Toys R US

Mailing Address Rt. 38 East

City
Cherry Hill

State
NJ

Zip Code
08002

Purpose of Disbursement
gift for donor

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5243

Date of Disbursement

/ /

Amount of Each Disbursement this Period

38.18

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

US House Members Dining Room

Mailing Address Capitol

City
Washington

State
DC

Zip Code
20515-0001

Purpose of Disbursement
Food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5229

Date of Disbursement

/ /

Amount of Each Disbursement this Period

9.95

☐ 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)

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial)
US House Members Dining Room

Mailing Address Capitol

City Washington State DC Zip Code 20515-0001

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5234

Date of Disbursement

09 / 20 / 2007

Amount of Each Disbursement this Period

9.95

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Washington Court Hotel

Mailing Address 525 New Jersey Ave NW

City Washington State DC Zip Code 20001-2019

Purpose of Disbursement
event- rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5238

Date of Disbursement

09 / 20 / 2007

Amount of Each Disbursement this Period

2686.53

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
WaWa

Mailing Address 2 Eayrestown

City Medford State NJ Zip Code 08055

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5213

Date of Disbursement

09 / 18 / 2007

Amount of Each Disbursement this Period

6.97

☐ 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)

X	17		18		19a		19b
	20a		20b		20c		21

NAME OF COMMITTEE (In Full)
Rob Andrews U.S. House Committee

FEC Schedule B (Form 3) (Revised 02/2003)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)
Rob Andrews U.S. House Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) DRI Digital River</p> <p>Mailing Address 9625 W 76th St Ste 150</p> <p>City Eden Prairie State MN Zip Code 55344-3775</p> <p>Purpose of Disbursement media/software expense</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: D4435 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 8 / 2 0 0 7</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>29.95</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) J2 Global Communications</p> <p>Mailing Address 6922 Hollywood Blvd</p> <p>City Hollywood State CA Zip Code 90028</p> <p>Purpose of Disbursement news/media expense</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: D4432 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 6 / 2 0 0 7</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>16.95</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Ponzio's Restaurant</p> <p>Mailing Address 7 Rt 70 West</p> <p>City Cherry Hill State NJ Zip Code 08034</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 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: D4429 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 0 / 2 0 0 7</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>55.69</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]</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:
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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Ralph's & Francesca's

Mailing Address Station Avenue

City State Zip Code
Haddon Heights NJ 08035

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4433

Date of Disbursement

/ /

Amount of Each Disbursement this Period

43.27

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Sears Roebuck

Mailing Address white horse pike

City State Zip Code
Lawnside NJ 08049

Purpose of Disbursement
office expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4438

Date of Disbursement

/ /

Amount of Each Disbursement this Period

181.89

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Shell Oil

Mailing Address White Horse Pike

City State Zip Code
Haddon Heights NJ 08035

Purpose of Disbursement
gas/ auto expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4431

Date of Disbursement

/ /

Amount of Each Disbursement this Period

12.25

☐ 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
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

silver diner

Mailing Address 2131 Route 38

City
Cherry Hill

State
NJ

Zip Code
08002-2045

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4430

Date of Disbursement

/ /

Amount of Each Disbursement this Period

94.47

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Staples

Mailing Address Rt. 70

City
Cherry Hill

State
NJ

Zip Code
08003

Purpose of Disbursement
office supply expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4436

Date of Disbursement

/ /

Amount of Each Disbursement this Period

26.73

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Staples

Mailing Address Rt. 70

City
Cherry Hill

State
NJ

Zip Code
08003

Purpose of Disbursement
office supply expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4440

Date of Disbursement

/ /

Amount of Each Disbursement this Period

792.47

☐ 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
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Starlite Productions

Mailing Address 2 Keystone Ave
Ste 500

City Cherry Hill State NJ Zip Code 08003-1623

Purpose of Disbursement
media expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4437

Date of Disbursement

08 / 29 / 2007

Amount of Each Disbursement this Period

192.60

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

WaWa

Mailing Address 2 Eayrestown

City Medford State NJ Zip Code 08055

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4439

Date of Disbursement

08 / 31 / 2007

Amount of Each Disbursement this Period

84.44

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

AOL Service

Mailing Address 22000 Aol Way

City Sterling State VA Zip Code 20166-9302

Purpose of Disbursement
internet subscriber expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4461

Date of Disbursement

08 / 03 / 2007

Amount of Each Disbursement this Period

25.90

☐ 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 PageFOR 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)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Barclay Prime

Mailing Address 237 S 18th St

City
PhiladelphiaState
PAZip Code
19103-6117Purpose of Disbursement
food expense

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4451

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	0	7

Amount of Each Disbursement this Period

620.60

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

Crysal Lake Diner

Mailing Address 571 East Cuthbert Blvd.

City
Haddon TownshipState
NJZip Code
08108Purpose of Disbursement
food expense

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4460

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	0	7

Amount of Each Disbursement this Period

34.61

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

Emerald Fish

Mailing Address 65 Route 70 East

City
Cherry HillState
NJZip Code
08034Purpose of Disbursement
food expense

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4444

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	5		2	0	0	7

Amount of Each Disbursement this Period

125.00

☐ 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 PageFOR 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)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

ExxonMobil

Mailing Address Rt. 73

City
MarltonState
NJZip Code
08053Purpose of Disbursement
car/gas expense

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4443

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	4		2	0	0	7

Amount of Each Disbursement this Period

31.36

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]**B.**

Full Name (Last, First, Middle Initial)

HMS HOST

Mailing Address New Jersey Tpke

City
MoorestownState
NJZip Code
08057Purpose of Disbursement
gas/auto expense

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4462

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	0	7

Amount of Each Disbursement this Period

43.19

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]**C.**

Full Name (Last, First, Middle Initial)

J2 Global Communications

Mailing Address 6922 Hollywood Blvd

City
HollywoodState
CAZip Code
90028Purpose of Disbursement
press expense

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4459

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	6		2	0	0	7

Amount of Each Disbursement this Period

16.95

☐ 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)

X	17		18		19a		19b
	20a		20b		20c		21

FEC Schedule B (Form 3) (Revised 02/2003)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR 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)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

PPA Philly

Mailing Address 3101 Market St

City
PhiladelphiaState
PAZip Code
19104-2807Purpose of Disbursement
parking expense

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4449

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	0	7

Amount of Each Disbursement this Period

7.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

Stephen Sheller

Mailing Address 512 Hoffman Dr

City
Bryn MawrState
PAZip Code
19010-1745Purpose of Disbursement
gas/auto expense

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4448

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	7		2	0	0	7

Amount of Each Disbursement this Period

46.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

Stage Pass

Mailing Address 555 Route 78

City
SwantonState
VTZip Code
05488Purpose of Disbursement
press expense

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4450

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	0	7

Amount of Each Disbursement this Period

23.70

☐ 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)

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

SUperfresh Markets

Mailing Address 800 west Avenueue

City State Zip Code
 Ocean City NJ 08226

Purpose of Disbursement
 food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4456

Date of Disbursement

/ /

Amount of Each Disbursement this Period

52.83

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Vincetown Diner

Mailing Address 2357 Route 206

City State Zip Code
 Southampton NJ 08088-8833

Purpose of Disbursement
 food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4447

Date of Disbursement

/ /

Amount of Each Disbursement this Period

139.36

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Walnut Street Theatre

Mailing Address 825 Walnut St

City State Zip Code
 Philadelphia PA 19107-5107

Purpose of Disbursement
 food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4454

Date of Disbursement

/ /

Amount of Each Disbursement this Period

27.00

☐ 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)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial) WaWa Mailing Address 2 Eayrestown	Transaction ID: D4445 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 7 / 2 0 0 7</div> </div>
City Medford State NJ Zip Code 08055 Purpose of Disbursement food expense 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:	Amount of Each Disbursement this Period <div> <div></div> <div>8.63</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) WaWa Mailing Address 2 Eayrestown City Medford State NJ Zip Code 08055 Purpose of Disbursement food expense 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:	Transaction ID: D4453 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 2 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>104.81</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) WaWa Mailing Address 2 Eayrestown City Medford State NJ Zip Code 08055 Purpose of Disbursement food expense 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:	Transaction ID: D4458 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 0 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>27.87</div> </div> <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)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
 Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial) Wegman's Mailing Address 2 Centerton Rd	Transaction ID: D4452 Date of Disbursement <div> <div>07</div> <div>09</div> <div>2007</div> </div>
City Mount Laurel State NJ Zip Code 08054-6102 Purpose of Disbursement food expense 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:	Amount of Each Disbursement this Period <div>178.81</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) AOL Service Mailing Address 22000 Aol Way City Sterling State VA Zip Code 20166-9302 Purpose of Disbursement internet subscriber expense 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:	Transaction ID: D4498 Date of Disbursement <div> <div>07</div> <div>03</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>25.90</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Dunkin Donuts Mailing Address White Horse Pike City Lawnside State NJ Zip Code 08049 Purpose of Disbursement food expense 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:	Transaction ID: D4497 Date of Disbursement <div> <div>07</div> <div>02</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>0.75</div> <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 PageFOR 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)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Kunkels Seafood

Mailing Address 920 Kings Hwy

City
Haddon HeightsState
NJZip Code
08035-1218Purpose of Disbursement
food expense

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4500

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	3		2	0	0	7

Amount of Each Disbursement this Period

135.33

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

Pathmark

Mailing Address White Horse Pike

City
LawnsideState
NJZip Code
08045Purpose of Disbursement
candy/supplies for parade

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4501

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	4		2	0	0	7

Amount of Each Disbursement this Period

474.34

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

Villa Barone

Mailing Address Haddon Avenue

City
CollingswoodState
NJZip Code
08108Purpose of Disbursement
food expense

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4499

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	3		2	0	0	7

Amount of Each Disbursement this Period

79.47

☐ 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
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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

America

Mailing Address 50 Massachusetts AveNE

City Washington State DC Zip Code 20002

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5063

Date of Disbursement

/ /

Amount of Each Disbursement this Period

56.03

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Best Buy

Mailing Address Deptford Center ROAD

City Deptford State NJ Zip Code 08096

Purpose of Disbursement
office supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5056

Date of Disbursement

/ /

Amount of Each Disbursement this Period

138.03

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

J2 Global Communications

Mailing Address 6922 Hollywood Blvd

City Hollywood State CA Zip Code 90028

Purpose of Disbursement
office press

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5064

Date of Disbursement

/ /

Amount of Each Disbursement this Period

16.95

☐ 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)

X	17		18		19a		19b
	20a		20b		20c		21

Rob Andrews U.S. House Committee

FEC Schedule B (Form 3) (Revised 02/2003)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Ralph's & Francesca's

Mailing Address Station Avenue

City State Zip Code
Haddon Heights NJ 08035

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5060

Date of Disbursement

/ /

Amount of Each Disbursement this Period

42.12

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Ralph's & Francesca's

Mailing Address Station Avenue

City State Zip Code
Haddon Heights NJ 08035

Purpose of Disbursement
food expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5062

Date of Disbursement

/ /

Amount of Each Disbursement this Period

36.77

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Symantech

Mailing Address 20330 Stevens Creek Blvd

City State Zip Code
Cupertino CA 95014-2268

Purpose of Disbursement
office- computer software

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5061

Date of Disbursement

/ /

Amount of Each Disbursement this Period

53.49

☐ 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

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

ADP EasyPay

Mailing Address 99 Jefferson Rd

City
Parsippany

State
NJ

Zip Code
07054-2815

Purpose of Disbursement
ADP Simple IRA

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4953

Date of Disbursement

/ /

Amount of Each Disbursement this Period

319.98

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

ADP EasyPay

Mailing Address 99 Jefferson Rd

City
Parsippany

State
NJ

Zip Code
07054-2815

Purpose of Disbursement
ADP fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4954

Date of Disbursement

/ /

Amount of Each Disbursement this Period

75.69

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

ADP EasyPay

Mailing Address 99 Jefferson Rd

City
Parsippany

State
NJ

Zip Code
07054-2815

Purpose of Disbursement
ADP- taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4955

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1054.67

☐ 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:
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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Stephen Dougherty

Mailing Address 302 Mockingbird Ln

City Swedesboro State NJ Zip Code 08085-1328

Purpose of Disbursement
sept salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4956

Date of Disbursement

09 / 30 / 2007

Amount of Each Disbursement this Period

3091.09

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

ADP EasyPay

Mailing Address 99 Jefferson Rd

City Parsippany State NJ Zip Code 07054-2815

Purpose of Disbursement
adp-taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4959

Date of Disbursement

08 / 31 / 2007

Amount of Each Disbursement this Period

1054.67

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

ADP EasyPay

Mailing Address 99 Jefferson Rd

City Parsippany State NJ Zip Code 07054-2815

Purpose of Disbursement
adp-fees-aug

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4960

Date of Disbursement

08 / 31 / 2007

Amount of Each Disbursement this Period

75.69

☐ 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)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial) ADP EasyPay Mailing Address 99 Jefferson Rd	Transaction ID: D4961 Date of Disbursement <div> <div>08</div> <div>31</div> <div>2007</div> </div>
City Parsippany State NJ Zip Code 07054-2815 Purpose of Disbursement ADP simple IRA-aug 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:	Amount of Each Disbursement this Period <div>319.98</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Stephen Dougherty Mailing Address 302 Mockingbird Ln City Swedesboro State NJ Zip Code 08085-1328 Purpose of Disbursement salary-august 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:	Transaction ID: D4958 Date of Disbursement <div> <div>08</div> <div>31</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>3091.09</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) ADP EasyPay Mailing Address 99 Jefferson Rd City Parsippany State NJ Zip Code 07054-2815 Purpose of Disbursement adp-taxes-july 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:	Transaction ID: D4964 Date of Disbursement <div> <div>07</div> <div>31</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>1054.69</div> <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

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(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

ADP EasyPay

Mailing Address 99 Jefferson Rd

City
Parsippany

State
NJ

Zip Code
07054-2815

Purpose of Disbursement
adp-fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4965

Date of Disbursement

/ /

Amount of Each Disbursement this Period

88.69

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

ADP EasyPay

Mailing Address 99 Jefferson Rd

City
Parsippany

State
NJ

Zip Code
07054-2815

Purpose of Disbursement
adp-simple IRA

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4966

Date of Disbursement

/ /

Amount of Each Disbursement this Period

319.98

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Stephen Dougherty

Mailing Address 302 Mockingbird Ln

City
Swedesboro

State
NJ

Zip Code
08085-1328

Purpose of Disbursement
salary-july

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4963

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3091.08

☐ 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)

139747.45

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Michael Merola

Mailing Address 2507 Chilham Pl

City
Potomac

State
MD

Zip Code
20854-6237

Purpose of Disbursement
refund-excess contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D4424

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2241.40

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

2241.40

TOTAL This Period (last page this line number only)

2241.40

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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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

american heart association

Mailing Address 625 w. ridge pike
suite a-100

City conshohocken State PA Zip Code 19428

Purpose of Disbursement
contribution-memorial Sulligan

Candidate Name
american heart association

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4401

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Boys & Girls Club of Camden County

Mailing Address 1709 Park Blvd

City Camden State NJ Zip Code 08103-3601

Purpose of Disbursement
contribution-memorial Coleman

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4423

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Friends of Phil Hare

Mailing Address PO Box 4183

City Rock Island State IL Zip Code 61204

Purpose of Disbursement
contribution-p 2008

Candidate Name
Friends of Phil Hare

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4467

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1400.00

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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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Haddon Height Fire Dept

Mailing Address 608 Station Ave

City
Haddon Heights

State
NJ

Zip Code
08035-1907

Purpose of Disbursement
donation- 2007 fund drive

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4471

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Hunterdon Medical Center Foundation

Mailing Address 2100 Wescott Dr

City
Flemington

State
NJ

Zip Code
08822-4603

Purpose of Disbursement
contribution-memorial Lance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4402

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Jackson for Bishop

Mailing Address 336 Oakwood Ave

City
Orange

State
NJ

Zip Code
07050

Purpose of Disbursement
contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4390

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

2350.00

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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☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial)
LINDA STENDER FOR CONGRESS

Mailing Address PO BOX 730

City State Zip Code
SCOTCH PLAINS NJ 07076

Purpose of Disbursement
contribution-primary 2008

Candidate Name
LINDA STENDER FOR CONGRESS

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 07

Transaction ID: D4426

Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
New Jersey Democratic State Committee

Mailing Address 196 W State Street

City State Zip Code
Trenton NJ 08608

Purpose of Disbursement
Congressional Dinner Sponsorship

Candidate Name
New Jersey Democratic State Committee

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4403

Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
North Ward Democratic Party

Mailing Address 530 Beardsley Ave

City State Zip Code
Bloomfield NJ 07003-5607

Purpose of Disbursement
contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4384

Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR 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)

Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial) Political Action League	Transaction ID: D4385 Date of Disbursement																				
Mailing Address 530 Beardsley Avneue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	4		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	4		2	0	7													
City Bloomfield State NJ Zip Code 07003	Amount of Each Disbursement this Period																				
Purpose of Disbursement contribution	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>1300.00</td> </tr> </table>																				1300.00
									1300.00												
Candidate Name Political Action League	<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:	Category/Type																				
B. Full Name (Last, First, Middle Initial) Riley/Kennedy Golf Tournament (Camden ARC)	Transaction ID: D4373 Date of Disbursement																				
Mailing Address 1405 Chews Landing Rd Ste 7	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	6		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	6		2	0	7													
City Laurel Springs State NJ Zip Code 08021-2769	Amount of Each Disbursement this Period																				
Purpose of Disbursement contribution-golf tournament for ARC	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>250.00</td> </tr> </table>																				250.00
									250.00												
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Category/Type																				
C. Full Name (Last, First, Middle Initial) Ryan Donnelly Special Fund	Transaction ID: D4464 Date of Disbursement																				
Mailing Address 449 W Nicholson Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	7		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	7		2	0	7													
City Audubon State NJ Zip Code 08106-1911	Amount of Each Disbursement this Period																				
Purpose of Disbursement donation	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>50.00</td> </tr> </table>																				50.00
									50.00												
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Category/Type																				

SUBTOTAL of Disbursements This Page (optional)

1600.00

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
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☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A. Full Name (Last, First, Middle Initial)
Senior Citizens United Commy Services

Mailing Address 146 Black Horse Pike

City State Zip Code
Mount Ephraim NJ 08059-2007

Purpose of Disbursement
contribution-special event transportatio

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4413

Date of Disbursement

/ /

Amount of Each Disbursement this Period

125.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
South Jersey Rowing Club

Mailing Address PO Box 442

City State Zip Code
Mount Laurel NJ 08054-0442

Purpose of Disbursement
donation

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4466

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
St. Thomas Greek Orthodox Church

Mailing Address 615 Mercer St

City State Zip Code
Cherry Hill NJ 08002-2635

Purpose of Disbursement
memorial contribution-Balis

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4463

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1375.00

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:
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☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

SWETT FOR SENATE

Mailing Address PO BOX 1937

City
BOW

State
NH

Zip Code
03304

Purpose of Disbursement
see memo

Candidate Name

SWETT FOR SENATE

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NH District: 00

Transaction ID: D4946

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

80002

B.

Full Name (Last, First, Middle Initial)

The Jirair and Elizabeth Hovnanian Foundation

Mailing Address 900 Birchfield Dr

City
Mount Laurel

State
NJ

Zip Code
08054-4017

Purpose of Disbursement
contribution-memorial Hovanian

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D4408

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

250.00

TOTAL This Period (last page this line number only)

17675.00