



new jersey family first
LEGISLATIVE ACTION ARM OF THE
new jersey family policy council

Fax

To: F.E.C.

Fax: 202-219-0174

From: Leonard Deo

Date: 10/28/10

Re: 24 Hour Report Independent
Expenditures

Total # of Pages Including Cover Page: 4

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FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation New Jersey Family First Inc		3. FEC Identification Number C
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 50 Mt Bethel Rd		
(c) City, State and ZIP Code Warren NJ 07059		
2. Corporate filers only Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Individual filers only Name of Employer _____ Occupation _____		

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year-End Report

24-Hour Report
 48-Hour Report

b) Is this Report an amendment? Yes No

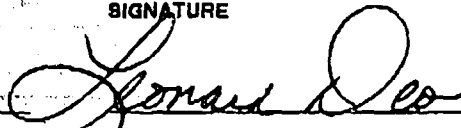
5. COVERING PERIOD: FROM

10 28 2010
THROUGH
10 28 2010

6. TOTAL CONTRIBUTIONS

7. TOTAL INDEPENDENT EXPENDITURES **888128**

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
Leonard Deo		10/28/2010

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

For further information, contact:
Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9630, Local 202-694-1100

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE OF
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)
New Jersey Family First

Full Name (Last, First, Middle Initial) of Payee <u>The Transform Group</u>	Date <u>10 28 2010</u>
Mailing Address <u>980 Lakes Parkway</u>	Amount <u>7,681.28</u>
City State Zip Code <u>Lawrenceville GA 30043</u>	

Purpose of Expenditure <u>Post card Print Advertisment</u>	Category/Type <u>004</u>	Office Sought: <input checked="" type="checkbox"/> House State: <u>NY</u> <input type="checkbox"/> Senate District: <u>6th</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Frank Pallone</u>	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>7,681.28</u>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee <u>West Fax Inc</u>	Date <u>10 28 2010</u>
Mailing Address <u>5690 DTC Boulevard Suite 670</u>	Amount <u>1,200.00</u>
City State Zip Code <u>Greenwood Village CO 80111</u>	

Purpose of Expenditure <u>Telephone calls</u>	Category/Type <u>004</u>	Office Sought: <input checked="" type="checkbox"/> House State: <u>NY</u> <input type="checkbox"/> Senate District: <u>6th</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Anna Little</u>	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>1,200.00</u>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	Amount
City State Zip Code	

Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<u>8,881.28</u>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<u>8,888.28</u>

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

*PLEASE NOTE THAT THE INDEPENDENT EXPENDITURES
DISCLOSED ON THIS REPORT WERE PAID FROM GENERAL PAGE OF
TREASURY FUNDS & NO CONTRIBUTIONS WERE MADE FOR THE PURPOSE
OF FURTHERING THESE EXPENDITURES*

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 FILER (In Full)
New Jersey Family First

A. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		Date of Receipt
City	State Zip Code	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer		Occupation

B. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		Date of Receipt
City	State Zip Code	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer		Occupation

C. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		Date of Receipt
City	State Zip Code	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer		Occupation

D. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		Date of Receipt
City	State Zip Code	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer		Occupation

SUBTOTAL of Receipts This Page (optional) ▶

TOTAL This Period (last page carry total to Line 8) ▶

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<p>The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.</p>	

N/A PREPARER	N/A DATE PREPARED
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