

# 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

Pallone for Congress

ADDRESS (number and street) PO BOX 3176

Check if different than previously reported. (ACC)

Long Branch NJ 07740

2. **FEC IDENTIFICATION NUMBER** C00226928

**CITY** **STATE** **ZIP CODE** **STATE** **DISTRICT**

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

NJ 06

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 2008 through 09 30 2008

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 Warren Goode

Signature of Treasurer Electronically Filed by Warren Goode Date 10 15 2008

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Pallone for Congress

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	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)).....	320139.73	2184932.76
(b) Total Contribution Refunds (from Line 20(d)).....	25.00	7325.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	320114.73	2177607.76
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	311356.26	1027534.01
(b) Total Offsets to Operating Expenditures (from Line 14).....	7327.60	10132.80
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	304028.66	1017401.21
8. Cash on Hand at Close of Reporting Period (from Line 27).....	3364722.63	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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)

Write or Type Committee Name  
Pallone for Congress

Report Covering the Period:

From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

**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).....

153950.00

1004466.50

(ii) Unitemized.....

26993.00

59283.00

(iii) TOTAL of contributions

180943.00

1063749.50

from individuals..... ▶

0.00

11.16

(b) Political Party Committees.....

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

139196.73

1121172.10

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

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

320139.73

2184932.76

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.).....

7327.60

10132.80

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

16141.01

149149.67

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

343608.34

2344215.23

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	311356.26	1027534.01
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.....	25.00	4125.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	3200.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	25.00	7325.00
21. OTHER DISBURSEMENTS.....	55700.00	363608.45
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	367081.26	1398467.46

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	3388195.55
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	343608.34
25. SUBTOTAL (add Line 23 and Line 24).....	3731803.89
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	367081.26
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	3364722.63

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 179

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Pallone for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Robert Morgan

Mailing Address 9 Bruere Drive

City State Zip Code  
Millstone Township NJ 08510-2211

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Umdnj Assistant Professor of Pediatrics and

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

Date of Receipt MM / DD / YYYY  
07 / 14 / 2008

**Transaction ID:** AAF12EDDC9DBD432091B

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)  
Lawrence R Inserra, Jr.

Mailing Address 112 Canterbury Dr

City State Zip Code  
Ramsey NJ 07446-2531

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Inserra Supermarkets President

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

Date of Receipt MM / DD / YYYY  
07 / 16 / 2008

**Transaction ID:** A0A4F3A6F311C43B784A

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)  
Thomas A Biga

Mailing Address 29 Highland Ave

City State Zip Code  
Fair Haven NJ 07704-3620

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Clara Mass Medical Center Executive Director

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

Date of Receipt MM / DD / YYYY  
07 / 17 / 2008

**Transaction ID:** A6C870080B8F64203B8A

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 1000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 179
	<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)  
Pallone for Congress

**A.**

Full Name (Last, First, Middle Initial) Joseph S Colalillo	Date of Receipt MM / DD / YYYY 07 / 17 / 2008
Mailing Address 199 Sandy Ridge-mt Airy Rd	<b>Transaction ID:</b> AAC163D7398E245DBAB6
City State Zip Code Stockton NJ 08559-1901	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer ShopRite of Hunterdon County, Inc Occupation Self-Employed	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00

**B.**

Full Name (Last, First, Middle Initial) Larri Stanley Wolfson	Date of Receipt MM / DD / YYYY 07 / 22 / 2008
Mailing Address 20 Red Rock Ct	<b>Transaction ID:</b> AA620671995BF40F2B58
City State Zip Code Ridgewood NJ 07450-1140	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Shop Rite of Lincoln Park Occupation President	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00

**C.**

Full Name (Last, First, Middle Initial) Dominick V Romano	Date of Receipt MM / DD / YYYY 07 / 22 / 2008
Mailing Address 40 Payne Rd	<b>Transaction ID:</b> A7820247E046A4248BFE
City State Zip Code Newton NJ 07860-8849	Amount of Each Receipt this Period 1500.00
FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Ronetco Supermarkets, Inc. Occupation President	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 179  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

**A.** Full Name (Last, First, Middle Initial)  
Sharon Lynn Cohen

Mailing Address 10405 Sandringham Ct

City Potomac State MD Zip Code 20854-1901

FEC ID number of contributing federal political committee. C

Name of Employer podesta group Occupation Principal

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 07 / 22 / 2008  
**Transaction ID:** A85BE90FA01CE411C93D  
 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)  
Dr. Robert McGrath

Mailing Address School of Psychology  
Farleigh Dickinson University

City Teaneck State NJ Zip Code 07666

FEC ID number of contributing federal political committee. C

Name of Employer Farleigh Dickinson University Occupation Professor

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 07 / 22 / 2008  
**Transaction ID:** AB99AD68D9A274DEB9E3  
 Amount of Each Receipt this Period 1000.00

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

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

Mailing Address 14 Kenyon Dr

City New Egypt State NJ Zip Code 08533-2817

FEC ID number of contributing federal political committee. C

Name of Employer NJAOPS Occupation Association Executive

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 07 / 23 / 2008  
**Transaction ID:** A514C5A0920454699A78  
 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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d (check only one) <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	PAGE 8 / 179
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NAME OF COMMITTEE (In Full)  
Pallone for Congress

**A.** Full Name (Last, First, Middle Initial)  
Bruce L Weitz

Mailing Address 37 Mc Grath Dr

City Cresskill State NJ Zip Code 07626-1747

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

Name of Employer N/a Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 07 / 23 / 2008  
Transaction ID: A8A89C355EA224DD59D1  
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)  
Barbara Lee Brand

Mailing Address 4 Country View Rd

City Holmdel State NJ Zip Code 07733-1806

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

Name of Employer Information Requested Occupation Unknown

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 07 / 23 / 2008  
Transaction ID: A853EEEEEE88748BEA0A  
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)  
Eric S. Kessler

Mailing Address 1605 Belvedere Blvd

City Silver Spring State MD Zip Code 20902-3901

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

Name of Employer DowLohnes GovernmentStrategies LLC Occupation President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

Date of Receipt: 07 / 28 / 2008  
Transaction ID: AB06855EBCE784FBBB93  
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) ..... ► **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	FOR LINE NUMBER: (check only one)	PAGE 9 / 179
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

**A.** Full Name (Last, First, Middle Initial)  
Rosemarie S Moser

Mailing Address 3131 Princeton Pike #5

City Lawrenceville State NJ Zip Code 08648-2201

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

Name of Employer Self-Employed Occupation Psychologist

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period 1000.00

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

Date of Receipt 08 / 04 / 2008  
**Transaction ID: A12D233197AEE463EAFA**

**B.** Full Name (Last, First, Middle Initial)  
Harry J Garafalo

Mailing Address 24 Spice Bush Lane

City Milford State CT Zip Code 06461-1793

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

Name of Employer Saker ShopRites Occupation Manager

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period 500.00

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

Date of Receipt 08 / 06 / 2008  
**Transaction ID: AD4FC6A3917914A9E807**

**C.** Full Name (Last, First, Middle Initial)  
Dr. Paul Burney

Mailing Address P.O. Box 159

City Conroe State TX Zip Code 77305-0159

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 ▼

Amount of Each Receipt this Period 1000.00

Solicited by AAP

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

Date of Receipt 08 / 08 / 2008  
**Transaction ID: ACF682F7AEAB9414B8AF**

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 179
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Lisa Grossman		Date of Receipt MM / DD / YYYY 08 / 12 / 2008
	Mailing Address 500 N Michigan Ave #1520		<b>Transaction ID:</b> A1F094DC8707F4D8687A
	City Chicago	State IL	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
	Name of Employer Self		Occupation Psychologist
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) Laura K Palmer		Date of Receipt MM / DD / YYYY 08 / 12 / 2008
	Mailing Address 30 Maple Ave		<b>Transaction ID:</b> AF028BE0244674175BD2
	City Madison	State NJ	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
	Name of Employer Seton Hall Univ.		Occupation Professor/Psychologist
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Sari F Shepphird		Date of Receipt MM / DD / YYYY 08 / 12 / 2008
	Mailing Address PO Box 66075		<b>Transaction ID:</b> A26111660C7BC4F919AB
	City Los Angeles	State CA	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 225.00
	Name of Employer Self		Occupation Psychologist
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 225.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2225.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 11 / 179</span>
	(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)  
Pallone for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Thomas R Furia</p> <p>Mailing Address 2801 Red Lion Rd</p> <p>City Philadelphia State PA Zip Code 19114-2303</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Penn Jersey Paper Occupation President, CEO</p> <p>Receipt For: 2008  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align: right;">250.00</p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <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>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p><b>Transaction ID:</b> AA09B15F998DB46E3ADB</p> <p>Amount of Each Receipt this Period  <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%;">250.00</td> </tr> </table> </p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	3		2	0	0	8		250.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		1	3		2	0	0	8														
	250.00																						

<p><b>B.</b> Full Name (Last, First, Middle Initial) Rocco D'Antonio</p> <p>Mailing Address 371 Vista Drive</p> <p>City Marlton State NJ Zip Code 08053-6661</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Penn Jersey Paper Occupation Mjr. Business Dev.</p> <p>Receipt For: 2008  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align: right;">250.00</p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <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>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p><b>Transaction ID:</b> AE0E2D24F66314B9F885</p> <p>Amount of Each Receipt this Period  <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%;">250.00</td> </tr> </table> </p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	3		2	0	0	8		250.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		1	3		2	0	0	8														
	250.00																						

<p><b>C.</b> Full Name (Last, First, Middle Initial) Michael H Hutton</p> <p>Mailing Address 20 Royal Dominion Ct</p> <p>City Bethesda State MD Zip Code 20817-4652</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Hutton Strategies Occupation Consultant</p> <p>Receipt For: 2008  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align: right;">4600.00</p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <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>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p><b>Transaction ID:</b> A672BDB29AF994D18815</p> <p>Amount of Each Receipt this Period  <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%;">1300.00</td> </tr> </table> </p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	3		2	0	0	8		1300.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		1	3		2	0	0	8														
	1300.00																						

<p><b>SUBTOTAL</b> of Receipts This Page (optional) .....</p>	<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%;">1800.00</td> </tr> </table>		1800.00
	1800.00		
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%;"></td> </tr> </table>		

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 179  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Pallone for Congress

**A.**

Full Name (Last, First, Middle Initial)  
George Zallie

Mailing Address 710 Society Hill

City State Zip Code  
Cherry Hill NJ 08003-2422

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

Name of Employer Occupation  
Zallie Supermarkets Inc Chairman

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

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 1 3 / 2 0 0 8

**Transaction ID:** AB97B26FE89EA4648BBE

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)  
Albert Boufarah

Mailing Address 831 Gilmores Island Rd

City State Zip Code  
Toms River NJ 08753-3555

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

Name of Employer Occupation  
Supreme Computer & Electronic President

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

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 1 3 / 2 0 0 8

**Transaction ID:** A16D4F8F454A14EAEB66

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)  
Robert P Sumas

Mailing Address 4 E Greenbrook Rd

City State Zip Code  
Caldwell NJ 07006-4320

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

Name of Employer Occupation  
Village SuperMarkets, Inc. Executive

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

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 1 4 / 2 0 0 8

**Transaction ID:** A54A23710B11E402FBFB

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) ..... ► **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 13 / 179  
(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)  
Pallone for Congress

**A.** Full Name (Last, First, Middle Initial)  
Nicholas J Sumas, II  
Mailing Address 1021 Wyandotte Trl  
City Westfield State NJ Zip Code 07090-3734  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Village SuperMarkets, Inc. Occupation Information Requested  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00  
Date of Receipt 08 / 14 / 2008  
Transaction ID: AD9C99AF098E949238FC  
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 Sumas  
Mailing Address 46 Shalebrook Dr  
City Morristown State NJ Zip Code 07960-6638  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Village SuperMarkets, Inc. Occupation Executive  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00  
Date of Receipt 08 / 14 / 2008  
Transaction ID: A4899C308A4D14E9EBC1  
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)  
Joseph Sheridan  
Mailing Address 239 Zion Road  
City Hillsborough State NJ Zip Code 08844-2509  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Wakefern Food Corp. Occupation Exec. Vice President  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00  
Date of Receipt 08 / 14 / 2008  
Transaction ID: A6E345ED86F3F4944985  
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) ..... ►

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

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

FOR LINE NUMBER: PAGE 14 / 179  
(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)  
Pallone for Congress

**A.** Full Name (Last, First, Middle Initial)  
Dean Janeway, Jr.  
Mailing Address 906 Bailey Ct  
City Westfield State NJ Zip Code 07090-3720  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Wakefern Food Corp. Occupation President  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2300.00  
Date of Receipt 08 / 14 / 2008  
Transaction ID: A505873A90415463FB3E  
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)  
Michael S Ambrosio  
Mailing Address 673 Hopping Rd  
City Belford State NJ Zip Code 07718-1190  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Wakefern Food Corp. Occupation Vice President Quality Assurance  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00  
Date of Receipt 08 / 14 / 2008  
Transaction ID: ADA3BEAEF4F894F5D962  
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)  
Richard J Saker  
Mailing Address 1 Laurel Ct  
City Millstone Township State NJ Zip Code 08510-1513  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested Occupation Information Requested  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2300.00  
Date of Receipt 08 / 14 / 2008  
Transaction ID: AC5370E5DF17441D7BF0  
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) ..... ► 5100.00  
**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 / 179

(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)  
Pallone for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Philip J Scaduto

Mailing Address 26 Bowtell Ct

City State Zip Code  
Middletown NJ 07748-3064

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

Name of Employer Occupation  
Foodtown Vice President - Food Circus

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

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 4 / 2 0 0 8

Transaction ID: AB0BCFABD2CFA4825B48

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 J McCaffrey, III

Mailing Address 2069 Aquetong Rd

City State Zip Code  
New Hope PA 18938-1150

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

Name of Employer Occupation  
McCaffrey's Markets President

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

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 4 / 2 0 0 8

Transaction ID: A3D3FE4ECE7E46BE9C4

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)  
Christopher B Chamberlin

Mailing Address 943 Hilltop Rd

City State Zip Code  
Plainfield NJ 07060-3423

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

Name of Employer Occupation  
Continental Airlines Commercial Pilot

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

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 4 / 2 0 0 8

Transaction ID: A3782773640D1448198B

Amount of Each Receipt this Period

500.00

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

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

1500.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 179  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Pallone for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Jeffrey N Brown

Mailing Address 1145 Ann Dr

City State Zip Code  
Cherry Hill NJ 08003-2720

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

Name of Employer Occupation  
Brown's Super Stores, Inc. CEO

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

Date of Receipt  
MM / DD / YYYY  
08 / 14 / 2008

**Transaction ID:** A4EC42C54B8DB4771B32

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)  
Michael Perlmutter

Mailing Address 954 Rt. 166

City State Zip Code  
Toms River NJ 08753-6679

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

Name of Employer Occupation  
Perlmart, Inc Senior Vice President

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

Date of Receipt  
MM / DD / YYYY  
08 / 14 / 2008

**Transaction ID:** ADA396B2107D14262BA9

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)  
Joel E Perlmutter

Mailing Address 1591 Beaver Hollow Dr

City State Zip Code  
Toms River NJ 08755-2101

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

Name of Employer Occupation  
Perlmart, Inc Executive

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

Date of Receipt  
MM / DD / YYYY  
08 / 14 / 2008

**Transaction ID:** A1FA421A05ABA4B8798E

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 17 / 179  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Pallone for Congress

**A.**

Full Name (Last, First, Middle Initial)  
William Sumas

Mailing Address 55 Ocean Ave  
Unit 9A

City Monmouth Beach State NJ Zip Code 07750-1370

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

Name of Employer New Jersey Food Council Occupation Chairman

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 4 / 2 0 0 8

**Transaction ID:** A32AF97BDB25344A781C

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)  
Linda M. Doherty

Mailing Address 6 Davis Court

City Wrightstown State NJ Zip Code 08562-1428

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

Name of Employer New Jersey Food Council 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 8 / 1 4 / 2 0 0 8

**Transaction ID:** AE0503876BB4A44BD8E4

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)  
Kenneth G Peskin

Mailing Address 31 Woodmere Dr

City Summit State NJ Zip Code 07901-2223

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

Name of Employer Operating Enhancements LLC 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 8 / 1 4 / 2 0 0 8

**Transaction ID:** A60CAE31B67CE4736983

Amount of Each Receipt this Period  
500.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 179

(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)  
Pallone for Congress

**A.** Full Name (Last, First, Middle Initial)  
Kevin G Moroney

Mailing Address 36 Cherry Ln

City State Zip Code  
Howell NJ 07731-2680

FEC ID number of contributing federal political committee. C

Name of Employer Saker ShopRites, Inc. Occupation Vice President - Human Resources

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 08 / 14 / 2008

**Transaction ID:** A9A430D0F97EA4745A69

Amount of Each Receipt this Period 500.00

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

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

Mailing Address 27 Wildflower Trail

City State Zip Code  
Robbinsville NJ 08691-2516

FEC ID number of contributing federal political committee. C

Name of Employer Saker ShopRites, Inc. Occupation CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 08 / 14 / 2008

**Transaction ID:** A2B7B4BD4D02445C193F

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)  
Joseph Saker, Jr.

Mailing Address 9 Mohegan Road

City State Zip Code  
Freehold NJ 07728-7879

FEC ID number of contributing federal political committee. C

Name of Employer Saker ShopRites, Inc. Occupation Sr. VP - Marketing

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 08 / 14 / 2008

**Transaction ID:** A08C95CF00D0A404DA2E

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) ..... 2500.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 179  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Pallone for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Thomas Alan Saker

Mailing Address 135 Cannon Road

City State Zip Code  
Freehold NJ 07728-1415

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

Name of Employer Saker ShopRites, Inc. Occupation Vice President Operations

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 / 1 4 / 2 0 0 8

**Transaction ID:** A1643A88F6CFB43A2B20

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)  
Richard James Saker

Mailing Address 201 Villa Drive

City State Zip Code  
Long Branch NJ 07740-8220

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

Name of Employer Saker ShopRites, Inc. Occupation Director Operations

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 / 1 4 / 2 0 0 8

**Transaction ID:** A9D46668C86364C4DB5A

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)  
Edward J Turkot

Mailing Address 6 Spencer Ct

City State Zip Code  
Morris Plains NJ 07950-2724

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

Name of Employer Saker ShopRites, Inc. Occupation Snr VP Real Estate

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 / 1 4 / 2 0 0 8

**Transaction ID:** A55BE6794C38C495CB45

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) ..... ► **2500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 179  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Pallone for Congress

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

Mailing Address 42 Green Meadow Dr.

City Tinton Falls State NJ Zip Code 07724-2768

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 ▼ 1500.00

Date of Receipt 08 / 18 / 2008  
**Transaction ID: A6353944C3FB2478995A**

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 D. Gerardi

Mailing Address 309 Highland Ave

City Long Branch State NJ Zip Code 07740-4649

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

Name of Employer Shonborn Becker Systems, Inc. Occupation Computer Engineer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1750.00

Date of Receipt 08 / 18 / 2008  
**Transaction ID: A6D559FAAAD114A3F933**

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)  
Clive S Cummis

Mailing Address 7 Oak Bend N Llpk

City West Orange State NJ Zip Code 07052

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

Name of Employer Sills Cummis and Gross P.-C. Occupation Lawyer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 08 / 18 / 2008  
**Transaction ID: A9DFA9AA6B23B4D99BAE**

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: <span style="float: right;">PAGE 21 / 179</span>
	(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)  
Pallone for Congress

**A.** Full Name (Last, First, Middle Initial)  
John E Cassetta

Mailing Address 222 Beech Ct

City State Zip Code  
Norwood NJ 07648-2006

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

Name of Employer Occupation  
Boswell Engineering Executive

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

Date of Receipt  
MM / DD / YYYY  
08 / 18 / 2008

**Transaction ID:** AC672AE91314F4DBAB1F

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)  
Shari Kent

Mailing Address 398 Kings Hwy East

City State Zip Code  
Middletown NJ 07748-3511

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

Name of Employer Occupation  
Lincroft Oral Surgery Dentist

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

Date of Receipt  
MM / DD / YYYY  
08 / 18 / 2008

**Transaction ID:** AF55004A83CE64956A14

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)  
Roy Tanzman

Mailing Address 4 Talia Rd

City State Zip Code  
Kendall Park NJ 08824-1705

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

Name of Employer Occupation  
Wilentz Goldman & Spitzer Attorney

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

Date of Receipt  
MM / DD / YYYY  
08 / 18 / 2008

**Transaction ID:** A3055F5371C334F1FB57

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) ..... ► **1800.00**

**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: <span style="float: right;">PAGE 22 / 179</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Mary M. Tassini	Date of Receipt MM / DD / YYYY 08 / 18 / 2008
	Mailing Address 815 Rathjen Rd	<b>Transaction ID:</b> AEFD1211B16A548CA934
	City Brielle State NJ Zip Code 08730-1729	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Sorelle Consulting Occupation Consultant/owner Receipt For: 2008 Election Cycle-to-Date <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 600.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Paul E. Bijou	Date of Receipt MM / DD / YYYY 08 / 18 / 2008
	Mailing Address 8 Hancock Ln	<b>Transaction ID:</b> A61C183E57BCD4271A41
	City Middletown State NJ Zip Code 07748-2912	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer The Public Company Accounting Oversight Occupation Deputy Director of Inspection Receipt For: 2008 Election Cycle-to-Date <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 3000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Douglas S. Roberts	Date of Receipt MM / DD / YYYY 08 / 20 / 2008
	Mailing Address 9 Surrey Ln	<b>Transaction ID:</b> AB116CEC35E9644F5A1D
	City Westfield State NJ Zip Code 07090-3616	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer The Roberts Group Occupation Executive Receipt For: 2008 Election Cycle-to-Date <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 3000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 23 / 179  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

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

Mailing Address 99 Crine Rd

City State Zip Code  
Colts Neck NJ 07722-1471

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Giordano Halleran & Ciesla Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 3100.00

Date of Receipt 08 / 21 / 2008  
**Transaction ID:** AFFBC2F370F5446CE8BD  
 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)  
Dr. Mitchel Alpert

Mailing Address 2209 Glenmere Ct

City State Zip Code  
Wall Township NJ 07719-9743

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Alpert & Zales Pediatric Cardi Physician

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 2750.00

Date of Receipt 08 / 21 / 2008  
**Transaction ID:** A7554CEDE7E5B4D3E82A  
 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)  
Dr. Katherine Klehr

Mailing Address 310 S Happ Rd  
Ste 210

City State Zip Code  
Northfield IL 60093-3457

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Self Psychologist

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00

Date of Receipt 08 / 21 / 2008  
**Transaction ID:** AD403D648432D40DDA0D  
 Amount of Each Receipt this Period 1000.00

Solicited by AAP  
 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 24 / 179

(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)  
Pallone for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Judith Stanley Coleman

Mailing Address 578 Navesink River Rd

City State Zip Code  
Red Bank NJ 07701-6348

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 3000.00

Date of Receipt

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

Transaction ID: A056993846FAB4FECA53

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 A. Roe

Mailing Address PO Box 407

City State Zip Code  
Wayne NJ 07474-0407

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

Name of Employer Occupation  
Robt. A. Roe Assn. Govt Affairs

Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 2500.00

Date of Receipt

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

Transaction ID: A6A9E19E99B784DE9A77

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)  
Herbert H. Sambol

Mailing Address 1123 Broadway Ste 814

City State Zip Code  
New York NY 10010-2096

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

Name of Employer Occupation  
Centerbrook Investment Co. Owner

Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

Transaction ID: AFD12C36D98244BC1ABF

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) ..... ▶

2500.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 179

(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)  
Pallone for Congress

**A.**

Full Name (Last, First, Middle Initial)  
James S Colligas

Mailing Address 123 S Fairview St

City State Zip Code  
Macungie PA 18062-1603

FEC ID number of contributing federal political committee. C

Name of Employer Colligas Family Markets, LP  
Occupation President/ceo

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt 08 / 25 / 2008

**Transaction ID:** A2D7C11869E2B44ACAF7

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)  
Adelaide Franklin

Mailing Address 1 Main St

City State Zip Code  
Avon By The Sea NJ 07717-1003

FEC ID number of contributing federal political committee. C

Name of Employer Main One Marina, Inc.  
Occupation Owner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1550.00

Date of Receipt 08 / 25 / 2008

**Transaction ID:** A2F6A34CF336F4830BFF

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)  
Caren Z Turner

Mailing Address 16 Willow Ln

City State Zip Code  
Tenafly NJ 07670-2808

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 ▼ 2300.00

Date of Receipt 08 / 27 / 2008

**Transaction ID:** ABE19171F87404A8DAA0

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) ..... 5100.00

**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 / 179  
(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)  
Pallone for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Daniel Almeida

Mailing Address PO Box 443

City State Zip Code  
Fords NJ 08863-0443

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

Name of Employer Occupation  
Florida Grove Mgt. Real Estate

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

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

**Transaction ID:** A99A1F60BAA214B4BA8B

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)  
Morris Brown

Mailing Address 9 Fairway Ln

City State Zip Code  
Ocean NJ 07712-3634

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

Name of Employer Occupation  
Wilentz, Goldman & Spitzer Attorney

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

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

**Transaction ID:** A0513F438C3394AB491F

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)  
Clark W Martin

Mailing Address Trenton  
918 Roelofs Rd.

City State Zip Code  
Yardley PA 19067-4603

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

Name of Employer Occupation  
MBI Gluckshaw Government Relations

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

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

**Transaction ID:** A7213306FC9D14D288DE

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 27 / 179</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Richard Juman	Date of Receipt MM / DD / YYYY 09 / 02 / 2008
	Mailing Address 211 East 53 Street 6bc	<b>Transaction ID:</b> AE25F20D2DBD942A3AB9
	City State Zip Code New York NY 10022-4803	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Solicited by AAP <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation RG Psychological Svcs Clinical Director	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Narendra C. Bhandari	Date of Receipt MM / DD / YYYY 09 / 02 / 2008
	Mailing Address 21 Wedgewood Dr	<b>Transaction ID:</b> AD7BDEE4D30D54559959
	City State Zip Code North Brunswick NJ 08902-1328	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Pace University Professor Of Management	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Frederic Sterritt	Date of Receipt MM / DD / YYYY 09 / 03 / 2008
	Mailing Address 464 S. Horizon Way	<b>Transaction ID:</b> AA208255E26B44FA7A16
	City State Zip Code Branchburg NJ 08853-4026	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Raritan Valley Orthodontics Orthodontist	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2100.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 179  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

**A.** Full Name (Last, First, Middle Initial)  
Lee D. Eisenberg

Mailing Address 177 N. Dean St

City Englewood State NJ Zip Code 07631-2533

FEC ID number of contributing federal political committee. C

Name of Employer ENT and Allergy Occupation Physician/owner4

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt 09 / 03 / 2008  
**Transaction ID:** A655FF2D1800F4DFAB41

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)  
Debra A Picard

Mailing Address 60 Navesink Ave

City Rumson State NJ Zip Code 07760-1919

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 ▼ 1000.00

Date of Receipt 09 / 03 / 2008  
**Transaction ID:** A7EA4B42449A942BEB A0

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)  
Lori R Sackler

Mailing Address 238 Engle St

City Tenafly State NJ Zip Code 07670-2136

FEC ID number of contributing federal political committee. C

Name of Employer Smith Barney Occupation Financial Advisor

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 09 / 04 / 2008  
**Transaction ID:** A0AE8A33E1D2B4A7FB83

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) ..... 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 / 179  
(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)  
Pallone for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Bonnie Markham, PhD.

Mailing Address 52 Pearl St

City Metuchen State NJ Zip Code 08840-1831

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

Name of Employer Rutgers University Occupation Professor

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 09 / 05 / 2008

**Transaction ID:** A033417CC8A6549CBB6C

Amount of Each Receipt this Period 1000.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Phyllis Kinsler

Mailing Address 70 Wigwam Ln

City Tinton Falls State NJ Zip Code 07724-3176

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

Name of Employer Planned Parenthood Of Mon. City Occupation Exec. Director

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

Date of Receipt 09 / 05 / 2008

**Transaction ID:** A7A58938DDC134231B5D

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)  
Ghulam Suhrawardi

Mailing Address 155 Mercer Road

City Colts Neck State NJ Zip Code 07722-1722

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

Name of Employer NMCI Group Occupation President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 05 / 2008

**Transaction ID:** A66E2E02CB102451B8A6

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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d (check only one) <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	PAGE 30 / 179
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NAME OF COMMITTEE (In Full)  
Pallone for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Paul Escandon	Date of Receipt MM / DD / YYYY 09 / 05 / 2008
	Mailing Address PO Box 211	<b>Transaction ID:</b> A6A0D81A3E1C64015875
	City State Zip Code Allenhurst NJ 07711-0211	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Escandon & Fericola Attorney/partner	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Fred Fiore	Date of Receipt MM / DD / YYYY 09 / 05 / 2008
	Mailing Address 33 Bampton Pl	<b>Transaction ID:</b> A67483152D6F442D699D
	City State Zip Code West Long Branch NJ 07764-1572	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Fiore Funeral Home Manager	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Veronica M. Fischer	Date of Receipt MM / DD / YYYY 09 / 05 / 2008
	Mailing Address 1 Harding Ln	<b>Transaction ID:</b> A3DF6327DCA9247768ED
	City State Zip Code Rumson NJ 07760-1064	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Fischer Investment Capital Office Manager	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1550.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 31 / 179  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

**A.** Full Name (Last, First, Middle Initial)  
William H Freeman  
Mailing Address 47 E Main St  
City Freehold State NJ Zip Code 07728-2246  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Freeman Funeral Home Occupation Owner  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼  
Date of Receipt 09 / 05 / 2008  
Transaction ID: AA8C0E2E1D2EA4F66B7C  
Amount of Each Receipt this Period 300.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Norman R. Konvitz  
Mailing Address 47 Lincoln Ave  
City Long Branch State NJ Zip Code 07740-4554  
FEC ID number of contributing federal political committee. **C**  
Name of Employer International Fidelity In-s. Co Occupation Exec. VP  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼  
Date of Receipt 09 / 05 / 2008  
Transaction ID: A2479024BC5D24C0FA1A  
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)  
Martin Goldstein  
Mailing Address PO Box 1448  
City Edison State NJ Zip Code 08818-1448  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Goldstein Funeral Chapel, Inc Occupation Funeral Director  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼  
Date of Receipt 09 / 05 / 2008  
Transaction ID: A50CE1AEF17E84CB59CC  
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) ..... ► **1800.00**  
**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 / 179  
(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)  
Pallone for Congress

**A.**

Full Name (Last, First, Middle Initial)  
August B. Juliano

Mailing Address 909 Washington Ave

City State Zip Code  
Washington Twps NJ 07676-3843

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

Name of Employer Occupation  
Car Jul Owner

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 05 / 2008

**Transaction ID:** A29945B0FD57E4052A7A

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)  
Algird Gudaitis

Mailing Address 2597 Lantern Light Way

City State Zip Code  
Manasquan NJ 08736-2247

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

Name of Employer Occupation  
Aculabs Inc. Lab Director

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 05 / 2008

**Transaction ID:** A5CC2352849E8457880A

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)  
Thomas Rospos

Mailing Address 6 Inlet Terr

City State Zip Code  
Belmar NJ 07719-2142

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

Name of Employer Occupation  
Birdsall Engineering Engineer

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 05 / 2008

**Transaction ID:** A5E3D75EB11194A458C9

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) ..... ► **3250.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 179  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

**A.** Full Name (Last, First, Middle Initial)  
Bruce S Thompson  
Mailing Address 310 Broad St  
City Red Bank State NJ Zip Code 07701-2119  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Thompson Memorial Home Occupation Owner and Manager  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify)   
500.00  
Date of Receipt 09 / 05 / 2008  
Transaction ID: A15C31C26A6FC47B1BAD  
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)  
Dr. Barry S Anton  
Mailing Address Dept of Psychology University of Puget Sound  
City Tacoma State WA Zip Code 98416-0001  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Univ of Puget Sound Occupation Psychologist  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify)   
500.00  
Date of Receipt 09 / 05 / 2008  
Transaction ID: A537579C34CB04243B82  
Amount of Each Receipt this Period 500.00  
Solicited by AAP  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Mitchell Runko  
Mailing Address 1808 Bradley Ter  
City Belmar State NJ Zip Code 07719-2905  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SUPREME COMPUTER RECYCLING Occupation Director  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify)   
2000.00  
Date of Receipt 09 / 05 / 2008  
Transaction ID: A45A8137C0C2042E2A3E  
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) ..... **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 34 / 179  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

**A.** Full Name (Last, First, Middle Initial)  
Gary Laermer  
 Mailing Address 113 Tindall Road  
 City Middletown State NJ Zip Code 07748-2321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Community YMCA Occupation President & CEO  
 Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 2000.00  
 Date of Receipt 09 / 05 / 2008  
**Transaction ID:** AF8BFE8FCB5924AB0A50  
 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)  
Dr. Daniel B. Goldberg, MD  
 Mailing Address 7 Oyster Bay Rd  
 City Rumson State NJ Zip Code 07760-1822  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Atlantic Eye Physicians Occupation Ophthalmologist  
 Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 3000.00  
 Date of Receipt 09 / 06 / 2008  
**Transaction ID:** A33B9B44AAF7E4D3982E  
 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)  
Gail Kaplan  
 Mailing Address 671 Rosedale Rd  
 City Princeton State NJ Zip Code 08540-2217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bergdorf Goodman Occupation Sales Specialist  
 Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00  
 Date of Receipt 09 / 07 / 2008  
**Transaction ID:** ADD16E08BBE2E4C6C8FD  
 Amount of Each Receipt this Period 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 179

(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)  
Pallone for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Marvin O Schlanger

Mailing Address 15 Southwood Dr

City State Zip Code  
Cherry Hill NJ 08003-2952

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

Name of Employer Occupation  
Hexicon Chemical Energy Consultant

Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 07 / 2008

Transaction ID: AF88801B43E5E4C67B3B

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)  
Norma Antebi

Mailing Address 901 Ocean Avenue

City State Zip Code  
Long Branch NJ 07740-4714

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

Name of Employer Occupation  
None Retired

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

Date of Receipt

M M / D D / Y Y Y Y  
09 / 07 / 2008

Transaction ID: A0749E1305D43498F8C5

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)  
Joy Levin

Mailing Address 2 Chesatnut Hill Dr

City State Zip Code  
Manalapan NJ 07726-8610

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

Name of Employer Occupation  
N/a Housewife

Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 07 / 2008

Transaction ID: A71347766E01449DFB6B

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

FOR LINE NUMBER: PAGE 36 / 179  
(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)  
Pallone for Congress

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

Mailing Address 1010 South Park Ave

City Highland Park State NJ Zip Code 08904-2912

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

Name of Employer Retired Occupation Engineer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 09 / 07 / 2008  
**Transaction ID:** ADDC12A8811AD47FC849

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)  
Morris Antebi

Mailing Address 901 Ocean Avenue

City Long Branch State NJ Zip Code 07740-4714

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

Name of Employer Self Occupation Medical Physician

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 07 / 2008  
**Transaction ID:** AE6BC8230E9354285AA6

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)  
Shelly Antebi

Mailing Address 10 Roosevelt Ave

City Deal State NJ Zip Code 07723-1319

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 ▼ 1000.00

Date of Receipt 09 / 07 / 2008  
**Transaction ID:** AF96EB9AF93074F1BAA1

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) ..... ► 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 37 / 179  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

**A.** Full Name (Last, First, Middle Initial)  
Shelly Antebi  
Mailing Address 10 Roosevelt Ave  
City Deal State Zip Code NJ 07723-1319  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested Occupation Information Requested  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00  
Date of Receipt 09 / 07 / 2008  
Transaction ID: AE879AA6F7F0A4806ABB  
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)  
David Antebi  
Mailing Address 901 Ocean Avenue  
City Long Branch State Zip Code NJ 07740-4714  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested Occupation Owner  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 800.00  
Date of Receipt 09 / 07 / 2008  
Transaction ID: AF4B57CF9800641DAA8F  
Amount of Each Receipt this Period 800.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Matthew Berzok  
Mailing Address 4824 Earlston Dr.  
City Bethesda State Zip Code MD 20816-1771  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Ryan, Philips, Utrecht & Mackinnon Occupation Attorney  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2000.00  
Date of Receipt 09 / 08 / 2008  
Transaction ID: A7F170C13EA4C41078B5  
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

FOR LINE NUMBER: PAGE 38 / 179  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

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

Mailing Address 160 Overlook Ave #9a

City Hackensack State NJ Zip Code 07601-2268

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

Name of Employer N/a Occupation Retired

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt 09 / 08 / 2008  
**Transaction ID:** AD22DABA3CD704B9A850  
 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)  
Joseph M. Ariyan

Mailing Address 20 Ct St 4th Fl

City Hackensack State NJ Zip Code 07601

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

Name of Employer Ariyan, Khoury & Schildiner Occupation Attorney/owner

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 09 / 08 / 2008  
**Transaction ID:** AD41B7BD593D44522967  
 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)  
Eric Sambol

Mailing Address 629 Turkey Point Rd

City Brick State NJ Zip Code 08724-5111

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

Name of Employer E Sambol Corporation Occupation President & CEO

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1300.00

Date of Receipt 09 / 09 / 2008  
**Transaction ID:** A4277E2A3773F48B3BD6  
 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) ..... ► 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 39 / 179  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

**A.** Full Name (Last, First, Middle Initial)  
Dr. Edgar M. Housepian

Mailing Address 531 Next Day Hill

City Englewood State NJ Zip Code 07631-1922

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

Name of Employer N/a Occupation Retired

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 225.00

Date of Receipt 09 / 09 / 2008  
**Transaction ID:** A4D55B8CC224148668F5  
 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)  
Attilio Palumbo

Mailing Address Asbury Ave & Green Grove Rd

City Tinton Falls State NJ Zip Code 07753

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

Name of Employer Palumbos Restaurant Occupation Owner

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt 09 / 09 / 2008  
**Transaction ID:** AF943D131D6654BE8905  
 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)  
Papken V. Janjigian

Mailing Address 104 Champlain Place North

City Newport State RI Zip Code 02840-2839

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

Name of Employer N/a Occupation Retired

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt 09 / 10 / 2008  
**Transaction ID:** A8F7D260DFDCD4647919  
 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) ..... ► 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 40 / 179  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

**A.** Full Name (Last, First, Middle Initial)  
Ara Patapoutian  
Mailing Address 5 Lyford Rd  
City Hopkinton State MA Zip Code 01748-1581  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Seagate Technologies Occupation Engineer  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼  
Date of Receipt 09 / 10 / 2008  
Transaction ID: A0A4237B150104F4DB48  
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)  
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-Gluckshaw Occupation Lobbyist  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼  
Date of Receipt 09 / 10 / 2008  
Transaction ID: AD230250B66AC4627910  
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 Sahakian  
Mailing Address PO Box 649  
City State College State PA Zip Code 16804-0649  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Hfl Corp. Occupation President  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼  
Date of Receipt 09 / 11 / 2008  
Transaction ID: A70C8916D20FE476B89F  
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: (check only one)	PAGE 41 / 179
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

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

Mailing Address 74 South St

City State Zip Code  
Red Bank NJ 07701-2214

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

Name of Employer Federal Business Systems Occupation Owner

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  
09 / 11 / 2008

**Transaction ID:** A5B4195D80C3347EFADC

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)  
Kwor Chieh Loo

Mailing Address 655 Sidney Av

City State Zip Code  
Pasadena CA 91107-5306

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 ▼ 1600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 11 / 2008

**Transaction ID:** AEB419E6A965C4029A35

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)  
Jean A Carter

Mailing Address 16025 Jerald Rd

City State Zip Code  
Laurel MD 20707-2653

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

Name of Employer Self Employed Occupation Psychologist

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  
09 / 11 / 2008

**Transaction ID:** AA9F96DB7FECA478A936

Amount of Each Receipt this Period  
1000.00

Solicited by AAP

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3600.00

**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 / 179

(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)  
Pallone for Congress

**A.**

Full Name (Last, First, Middle Initial)

Dr. Knarig Khatchadourian

Mailing Address 143 Oak St

City State Zip Code  
Ridgewood NJ 07450-2508

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

Name of Employer Self Occupation Nutritionist

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

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 1 / 2 0 0 8

Transaction ID: A655B1A624B3F489482F

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)

Veena Gandhi

Mailing Address PO Box 4735

City State Zip Code  
Cerritos CA 90703-4735

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

Name of Employer N/a Occupation Homemaker

Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 1 / 2 0 0 8

Transaction ID: A18C857DFBD5C4E359E1

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)

Hand Minassian

Mailing Address 2119 Brinton Oaks Ct

City State Zip Code  
Katy TX 77450-6000

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

Name of Employer Veritas DGC Inc. Occupation Manager

Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 1 / 2 0 0 8

Transaction ID: A3584D49B35E94B85AC8

Amount of Each Receipt this Period

125.00

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

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

1375.00

**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 / 179  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

**A.** Full Name (Last, First, Middle Initial)  
Sebon Mathios Vartanian

Mailing Address 945 Macadamia Dr

City Hillsborough State CA Zip Code 94010-6215

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 ▼ 1000.00

Date of Receipt: 09 / 12 / 2008  
**Transaction ID:** AF2C2EE9ABD7448099E2  
 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)  
Cleo T. Cafesjian

Mailing Address 4001 Tamiani Trail North #425

City Naples State FL Zip Code 34103-3591

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

Name of Employer N/a Occupation Homemaker

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt: 09 / 12 / 2008  
**Transaction ID:** AC3A9E934B38A48269B2  
 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)  
Suzanne M. Abnous

Mailing Address 121 Laurelwood Dr

City Danville State CA Zip Code 94506-1409

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

Name of Employer Na Occupation Homemaker

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 09 / 12 / 2008  
**Transaction ID:** A0279834F4E444597984  
 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: (check only one)	PAGE 44 / 179
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

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

Mailing Address 276 Alfred St

City Englewood Cliffs State NJ Zip Code 07632-1624

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

Name of Employer N/a Occupation Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 09 / 12 / 2008  
**Transaction ID:** AF59D70B50A04428AAA6

Amount of Each Receipt this Period 125.00

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

**B.** Full Name (Last, First, Middle Initial)  
Ara A. Cherchian

Mailing Address 3100 Nagawicka Rd

City Hartland State WI Zip Code 53029-9355

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

Name of Employer Northland Stainless, Inc. Occupation Owner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 12 / 2008  
**Transaction ID:** A07C44D03A49B41A3B15

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)  
Donald Misserlian

Mailing Address 3528 Washington St

City San Francisco State CA Zip Code 94118-1849

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 ▼ 250.00

Date of Receipt 09 / 12 / 2008  
**Transaction ID:** A6213655619CA469B858

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) ..... ▶ **625.00**

**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 / 179  
(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)  
Pallone for Congress

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

Mailing Address PO Box 1363

City Ross State CA Zip Code 94957-1363

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

Name of Employer Retired Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt 09 / 12 / 2008  
**Transaction ID:** A3D3D4AAB42FD4813BE8

Amount of Each Receipt this Period 250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Gerard L. Cafesjian

Mailing Address 4001 Tamiami Trail North #425

City Naples State FL Zip Code 34103-3591

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

Name of Employer Glc Enterprises Occupation Pres, & CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt 09 / 12 / 2008  
**Transaction ID:** A12A638882FFC4966B60

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)  
Sylvia Missirlian

Mailing Address 503 Euclid Ave

City San Francisco State CA Zip Code 94118-2605

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

Name of Employer MAC FARLANE PARTNERS Occupation Investment Manager

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 09 / 12 / 2008  
**Transaction ID:** A773102A50E1F4A6E8DA

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 46 / 179  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

**A.** Full Name (Last, First, Middle Initial)  
Araxy M. Bastian

Mailing Address 1230 Monterey Blvd

City San Francisco State CA Zip Code 94127-2508

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

Name of Employer Joes Pharmacy Occupation Exec. Secretary

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 09 / 12 / 2008  
**Transaction ID: A5683458F979F4FFE947**

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 M. Balabanian

Mailing Address 947 Green St #4

City San Francisco State CA Zip Code 94133-3601

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

Name of Employer Bingham Mccufchen, Llp Occupation Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 09 / 12 / 2008  
**Transaction ID: A140D8E663C9548A39C5**

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)  
Roxanne Makasdjian

Mailing Address 52 Jersey St

City San Francisco State CA Zip Code 94114-3923

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

Name of Employer ABC NEWS Occupation News Producer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 650.00

Date of Receipt 09 / 12 / 2008  
**Transaction ID: A44D54DD39B2449D2951**

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) ..... ► 2500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 47 / 179
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Salim Karimi		Date of Receipt MM / DD / YYYY 09 / 13 / 2008
	Mailing Address 5939 Monterey Rd		<b>Transaction ID:</b> A60D2A2FD3D274102856
	City Los Angeles	State CA	Zip Code 90042-4942
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer Advanced Development & Investments	Occupation Unknown	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Maria Mehranian		Date of Receipt MM / DD / YYYY 09 / 13 / 2008
	Mailing Address 3760 Berwick Dr		<b>Transaction ID:</b> A846A2ACDC711429F887
	City La Canada Flintrid	State CA	Zip Code 91011-3934
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer Cordoba Corporation	Occupation CFO	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Jacob Pogosian		Date of Receipt MM / DD / YYYY 09 / 13 / 2008
	Mailing Address 5230 Cheryl Ave		<b>Transaction ID:</b> A0FEF10BF60024873AFE
	City Glendale	State CA	Zip Code 91214-1203
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Medex Laboratory Services	Occupation Owner	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 179  
(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)  
Pallone for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Nicholas Der Hacopian

Mailing Address 1148 Old Phillips Rd

City State Zip Code  
Glendale CA 91207-1112

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

Name of Employer Occupation  
Glen West Real Estate Mgmt.

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 1 3 / 2 0 0 8

**Transaction ID:** A5051806294724B40936

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)  
Ara Aghishian

Mailing Address 19103 Marlia Ct

City State Zip Code  
Tarzana CA 91356-5813

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

Name of Employer Occupation  
Self Attorney

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 1 3 / 2 0 0 8

**Transaction ID:** A4CCCA09014FA42FC8BE

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)  
Richard D. Mushegain

Mailing Address 404 Plumosa Dr

City State Zip Code  
Pasadena CA 91107-5323

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

Name of Employer Occupation  
P&m Salvage Owner

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 1 3 / 2 0 0 8

**Transaction ID:** AF208C9EB20AB4BF29F1

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 49 / 179  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Pallone for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Oshin Harootonian

Mailing Address 17706 Orna Dr

City State Zip Code  
Granada Hills CA 91344-1332

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

Name of Employer Primex Clinical Laboratories, Inc  
Occupation Pres & CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 13 / 2008

**Transaction ID:** AF9E3D1BA4F524AF7BDE

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)  
Onnik Keshishian Phd.

Mailing Address 1520 N. Genesee Ave

City State Zip Code  
Los Angeles CA 90046-2719

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

Name of Employer N/a  
Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 13 / 2008

**Transaction ID:** A80E553D1638747129CE

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)  
Sonia Akian

Mailing Address 355 N. Rockingham Ave

City State Zip Code  
Los Angeles CA 90049-2635

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

Name of Employer N/a  
Occupation Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 13 / 2008

**Transaction ID:** A134E15EF6FFA463E82D

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 50 / 179  
(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)  
Pallone for Congress

**A.** Full Name (Last, First, Middle Initial)  
Flora Dunaians  
Mailing Address 3375 E. Lombardy Rd  
City Pasadena State CA Zip Code 91107-5647  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Western Medical Supply Occupation VP  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 750.00  
Date of Receipt 09 / 13 / 2008  
Transaction ID: A45A06F08DC554F74A20  
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)  
Kelly Hasty Kale  
Mailing Address 427 Hempstead Rd  
City Williamsburg State VA Zip Code 23188-1562  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Olde Towne Pharmacy Occupation Pharmacist  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00  
Date of Receipt 09 / 15 / 2008  
Transaction ID: A8D7397761F4D4AB3892  
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)  
Gary William Kadlec  
Mailing Address 1484 Inwoods Cir  
City Bloomfield Hills State MI Zip Code 48302-1334  
FEC ID number of contributing federal political committee. **C**  
Name of Employer excelleRx Occupation Pharmacist and CEO  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00  
Date of Receipt 09 / 15 / 2008  
Transaction ID: AE4DCB837D86141F8942  
Amount of Each Receipt this Period 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 179  
(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)  
Pallone for Congress

**A.** Full Name (Last, First, Middle Initial)  
Steven Thomas Simenson  
Mailing Address 5165 156th Ln NW  
City Anoka State MN Zip Code 55303-4260  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Goodrich Pharmacy Occupation Pharmacist  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify)   
Amount of Each Receipt this Period 500.00  
Transaction ID: A1123D14A614F4801A09  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Michael J Kaplan  
Mailing Address 2709 NE 35th Dr  
City Fort Lauderdale State FL Zip Code 33308-6315  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Medic Pharmacy Occupation Pharmacist  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify)   
Amount of Each Receipt this Period 250.00  
Transaction ID: A275C12656B204299958  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Robert A Coffey  
Mailing Address P O Box 235  
City Jonesville State VA Zip Code 24263-0235  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Jonesville Drug Co, Inc Occupation Pharmacist  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify)   
Amount of Each Receipt this Period 250.00  
Transaction ID: AFA9FDF19175341208A3  
 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: (check only one)	PAGE 52 / 179
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Christine Farnham		Date of Receipt MM / DD / YYYY 09 / 15 / 2008
	Mailing Address 1711 N. County Road 975 E.		<b>Transaction ID:</b> A47CA71ABC6E54653B3E
	City Logansport	State IN	Zip Code 46947-1633
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
	Name of Employer Dexter Professional Pharmacy Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Pharmacist Election Cycle-to-Date ▼ 500.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael Ira Smith		Date of Receipt MM / DD / YYYY 09 / 15 / 2008
	Mailing Address 6242 E Hearn Rd		<b>Transaction ID:</b> A994A00BFC87D4633B1F
	City Scottsdale	State AZ	Zip Code 85254-3227
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
	Name of Employer APhA House of Delegates Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Speaker Election Cycle-to-Date ▼ 500.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) John A Gans		Date of Receipt MM / DD / YYYY 09 / 15 / 2008
	Mailing Address 5516 Spruce Tree Ave		<b>Transaction ID:</b> AB912000EE3274C0D99F
	City Bethesda	State MD	Zip Code 20814-1623
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
	Name of Employer American Pharmacists Association Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Vice President/CEO Election Cycle-to-Date ▼ 500.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 179  
(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)  
Pallone for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Donald A Bergemann

Mailing Address 214 Hollow Oak Ct

City State Zip Code  
Tarpon Springs FL 34689-3836

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

Name of Employer Occupation  
Bergemann Consulting Enterprises, Inc. MIS Consultant

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

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 15 / 2008

**Transaction ID:** AB561259DFBC04B01822

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)  
Charles Michael Brain

Mailing Address 6528 Ivy Hill Dr

City State Zip Code  
Mc Lean VA 22101-5204

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

Name of Employer Occupation  
Capitol Hill Strategies, LLC Legislative Consultant

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

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 16 / 2008

**Transaction ID:** A35268F736C27407C986

Amount of Each Receipt this Period  
500.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Andrew D Kauders

Mailing Address 1735 New Hampshire Ave NW 202

City State Zip Code  
Washington DC 20009-2557

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

Name of Employer Occupation  
podesta group Consultant

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

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 16 / 2008

**Transaction ID:** AA82456F018974AFEB33

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 54 / 179  
(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)  
Pallone for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Timothy J Yehl

Mailing Address 228 E St NE

City Washington State DC Zip Code 20002-4923

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

Name of Employer MWW Group Occupation Senior Vice President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 09 / 17 / 2008

**Transaction ID:** A1461F4A804CF4B24B7F

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)  
Webster B Trammell, Jr.

Mailing Address 18 Fielding Ave

City North Middletown State NJ Zip Code 07748-5219

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

Name of Employer Brookdale C.C. Occupation VP

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt 09 / 17 / 2008

**Transaction ID:** A1A9E4AF63BB54269A8B

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)  
Katherine H Yehl

Mailing Address 228 E St NE

City Washington State DC Zip Code 20002-4923

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

Name of Employer Artemis Strategies Occupation Federal Affairs Manager

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1300.00

Date of Receipt 09 / 17 / 2008

**Transaction ID:** A9B845F63FE684AEFB0B

Amount of Each Receipt this Period 1300.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2550.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 179
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Kirk Sarkis Kazazian	Date of Receipt MM / DD / YYYY 09 / 17 / 2008
	Mailing Address 200 Riverside Blvd #16K	<b>Transaction ID:</b> A84962678AF394DA18E1
	City State Zip Code New York NY 10069-0913	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Kazazian Capital Investment Manager	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Peter J Dybwad	Date of Receipt MM / DD / YYYY 09 / 17 / 2008
	Mailing Address 128 Parkside Dr	<b>Transaction ID:</b> AC16D50D2810F4E23916
	City State Zip Code Berkeley CA 94705-2412	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Solicited by AAP
	Name of Employer Occupation Wright Institute Executive	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Susan Sakmar	Date of Receipt MM / DD / YYYY 09 / 17 / 2008
	Mailing Address 15 Gillmartin Dr	<b>Transaction ID:</b> A8DC700E94F294278AAB
	City State Zip Code Tiburon CA 94920-1578	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation University of San Francisco Law Professor	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 179  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

**A.** Full Name (Last, First, Middle Initial)  
Joseph Basralian  
Mailing Address 710 Oneida Trail  
City Franklin Lakes State NJ Zip Code 07417-2217  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Winn, Banta, Hetherington Occupation Attorney  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00  
Date of Receipt 09 / 18 / 2008  
**Transaction ID:** A190E26E35EBE4C0592C  
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)  
Nooshen Amiri  
Mailing Address 20 Royal Dominion Ct  
City Bethesda State MD Zip Code 20817-4652  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Consultant  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 2300.00  
Date of Receipt 09 / 19 / 2008  
**Transaction ID:** A0433FA6B2A7A40C2B2D  
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)  
Poozant Piranian  
Mailing Address 43 Rockwood Rd  
City Plandome State NY Zip Code 11030-1534  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Safeguard Chemical Corp. Occupation Executive  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00  
Date of Receipt 09 / 19 / 2008  
**Transaction ID:** A12875E45D43041A0B5F  
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) ..... ► 3800.00  
**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 / 179  
(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)  
Pallone for Congress

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

Mailing Address 147 Demarest Ave

City Englewood Cliffs State NJ Zip Code 07632-1923

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

Name of Employer N/a Occupation Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 09 / 20 / 2008  
**Transaction ID: A97730F91CODE450DBDE**

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)  
Vahram N. Aynilian

Mailing Address PO Box 16

City Alpine State NJ Zip Code 07620-0016

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

Name of Employer Ny Aynilian Occupation Owner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 09 / 20 / 2008  
**Transaction ID: A8AFA74A5DB3640E09D3**

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)  
David J. Kasparian

Mailing Address 264 Morrow Rd

City Englewood State NJ Zip Code 07631-1918

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

Name of Employer Kensington Data Systems Occupation Owner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 09 / 20 / 2008  
**Transaction ID: A91D0441655BD466DA1C**

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 58 / 179  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

**A.** Full Name (Last, First, Middle Initial)  
Berge Setrakian  
Mailing Address 191 Cedar St  
City Englewood State NJ Zip Code 07631-3130  
FEC ID number of contributing federal political committee. **C**

Date of Receipt: 09 / 20 / 2008  
Transaction ID: A918F33734F164448BC6  
Amount of Each Receipt this Period: 1000.00

Name of Employer: LeBoeuf, Lamb, Greene & MacRae LLP  
Occupation: Partner  
Receipt For: 2008  
 Primary  General  Other (specify) ▼  
Election Cycle-to-Date: 3000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Seta N. Albrecht  
Mailing Address 582 Haworth Ave  
City Haworth State NJ Zip Code 07641-1537  
FEC ID number of contributing federal political committee. **C**

Date of Receipt: 09 / 20 / 2008  
Transaction ID: A195E775B4DEE4CE48A9  
Amount of Each Receipt this Period: 500.00

Name of Employer: Everest Realty Co.  
Occupation: Designer  
Receipt For: 2008  
 Primary  General  Other (specify) ▼  
Election Cycle-to-Date: 1500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Chahe Agopian  
Mailing Address 300 East 56th St Apt 4a  
City New York State NY Zip Code 10022-4135  
FEC ID number of contributing federal political committee. **C**

Date of Receipt: 09 / 20 / 2008  
Transaction ID: A9E41356C07A643DD9DC  
Amount of Each Receipt this Period: 500.00

Name of Employer: Daytona Capital, Llc  
Occupation: Investments  
Receipt For: 2008  
 Primary  General  Other (specify) ▼  
Election Cycle-to-Date: 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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d (check only one) <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	PAGE 59 / 179
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NAME OF COMMITTEE (In Full)  
Pallone for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Hirant Gulian	Date of Receipt MM / DD / YYYY 09 / 20 / 2008
	Mailing Address 558 Hilltop Terr	<b>Transaction ID:</b> AE0CC5AE86FE649D88CF
	City State Zip Code Cliffside Park NJ 07010-2919	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Worsky Mfg. Inc. Owner	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Cynthia J Boyle	Date of Receipt MM / DD / YYYY 09 / 21 / 2008
	Mailing Address 12334 High Stakes Dr	<b>Transaction ID:</b> AAE0F49C7682F41C3A00
	City State Zip Code Reisterstown MD 21136-5772	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation University of Maryland School of Pharm Pharmacist	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) David C. Morgan	Date of Receipt MM / DD / YYYY 09 / 21 / 2008
	Mailing Address 40 Tommy Marks Way	<b>Transaction ID:</b> A4D8E2CC15E1D4019A16
	City State Zip Code South Weymouth MA 02190-1114	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Self Pharmacist	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 179
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Harold N Godwin	Date of Receipt MM / DD / YYYY 09 / 22 / 2008
	Mailing Address 10112 W 98th St	<b>Transaction ID:</b> ABF3BDF2E46F946D3979
	City State Zip Code Overland Park KS 66212-5238	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Self Occupation Pharmacist Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ivan Saiff	Date of Receipt MM / DD / YYYY 09 / 22 / 2008
	Mailing Address 325 Raritan Ave	<b>Transaction ID:</b> A31E4B4DD5DB84A2AB3D
	City State Zip Code Highland Park NJ 08904-2700	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Saiff Drugs & Home Health Care Occupation Owner Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1600.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Matthew Osterhaus	Date of Receipt MM / DD / YYYY 09 / 22 / 2008
	Mailing Address 918 W Platt Suite 2	<b>Transaction ID:</b> AF7C052E1BFE94CA3BA8
	City State Zip Code Maquoketa IA 52060-2038	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Osterhaus Pharmacy Occupation Pharmacist Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1100.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 179  
(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)  
Pallone for Congress

**A.** Full Name (Last, First, Middle Initial)  
Kathryn Ann Goodfellow

Mailing Address 215 W 1850 N

City State Zip Code  
Centerville UT 84014-3112

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

Name of Employer Occupation  
Mountain View Pharmacy Pharmacist

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

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 22 / 2008

**Transaction ID:** A233E63EEA88B4F92A82

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)  
Robin Snead

Mailing Address 12911 Chipstead Rd

City State Zip Code  
Chester VA 23831-4666

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

Name of Employer Occupation  
National Alliance of State Pharmacy As Pharmacist

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

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 22 / 2008

**Transaction ID:** ACF976BD8F7AC445A9AE

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)  
Arthur Baldadian

Mailing Address 2401 Penn Ave #21b23

City State Zip Code  
Philadelphia PA 19130

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

Name of Employer Occupation  
N/a Retired

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

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 22 / 2008

**Transaction ID:** ADD0572C765154AA893A

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) ..... ▶ **750.00**

**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 62 / 179  
(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)  
Pallone for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Rita Balian

Mailing Address 1300 Crystal Dr

City Arlington State VA Zip Code 22202-3234

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

Name of Employer N/a Occupation Housewife

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 09 / 22 / 2008  
**Transaction ID:** A9D0756A38AD449D9A47  
 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)  
Harry Hagel

Mailing Address 1100 15th St NW

City Washington State DC Zip Code 20005-1707

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

Name of Employer APLA Occupation Information Requested

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 09 / 22 / 2008  
**Transaction ID:** A37B0A1FCF0BA40E3961  
 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)  
Richard T Carbray, Jr.

Mailing Address 18 Foxbriar Lane

City Rocky Hill State CT Zip Code 06067-1939

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

Name of Employer Apex Pharmacy Occupation Pharmacist

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 09 / 22 / 2008  
**Transaction ID:** AABED8857D2AE42CAA88  
 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) ..... ► **750.00**

**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 63 / 179  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Timothy L. Tucker

Mailing Address 553 Tara Ln

City State Zip Code  
Huntingdon TN 38344-1705

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

Name of Employer Occupation  
City Drug Company Pharmacist

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

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 22 / 2008

**Transaction ID:** A5B46E8BD07A348E3A82

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)  
Lisa G. Esayan

Mailing Address 65 E. Scott St Apt 14-K

City State Zip Code  
Chicago IL 60610-5278

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

Name of Employer Occupation  
Kirkland & Ellis Attorney

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

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 22 / 2008

**Transaction ID:** ABC561F7A0B6D4FA8BE5

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)  
Kelly Goode

Mailing Address 1519 Helmsdale Drive

City State Zip Code  
Richmond VA 23238-4721

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

Name of Employer Occupation  
VCU School of Pharmacy Professor

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

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 22 / 2008

**Transaction ID:** AFC8FBE2D21C1484A8D5

Amount of Each Receipt this Period  
500.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 179  
(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)  
Pallone for Congress

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

Mailing Address 109 N 9th Ave

City Highland Park State NJ Zip Code 08904-3627

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 ▼ 500.00

Date of Receipt: 09 / 22 / 2008  
**Transaction ID:** A39D1C106CCB94FA38C2

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)  
Tammala Allen Bulger

Mailing Address 2320 Camellia Dr

City Wilmington State NC Zip Code 28403-2418

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 ▼ 1200.00

Date of Receipt: 09 / 23 / 2008  
**Transaction ID:** A3DBC0BAD43744BAA927

Amount of Each Receipt this Period: 1200.00

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

**C.** Full Name (Last, First, Middle Initial)  
Gregory Frank Schimizzi

Mailing Address 613 Sandfiddler Pointe Rd

City Wilmington State NC Zip Code 28409-2355

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 ▼ 1200.00

Date of Receipt: 09 / 23 / 2008  
**Transaction ID:** ACA6AF658681244D99DD

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) ..... ► 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: (check only one)	PAGE 65 / 179
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Joyce Stein		Date of Receipt
	Mailing Address 46 -930 W. El Dorado Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 09 / 24 / 2008
	City	State	Zip Code
	Indian Wells	CA	92210
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> A0B014171A85D466F933
Name of Employer N/a		Occupation Homemaker	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 500.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) Samuel V. Hagopian, Sr.		Date of Receipt
	Mailing Address 815 Sugar Creek Blvd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 09 / 24 / 2008
	City	State	Zip Code
	Sugar Land	TX	77478-4030
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> A3807EC25BE554F03823
Name of Employer N/a		Occupation Retired	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 125.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) A.J. Wojciak		Date of Receipt
	Mailing Address 3030 Beechwood Ln		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 09 / 24 / 2008
	City	State	Zip Code
	Falls Church	VA	22042-3138
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> A9E5D40EE6C4F411C981
Name of Employer Capitol Hill Strategies, LLC		Occupation Information Requested	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 500.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> <b>1125.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d (check only one) <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	PAGE 66 / 179
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NAME OF COMMITTEE (In Full)  
Pallone for Congress

**A.** Full Name (Last, First, Middle Initial)  
Brent Michael Jaquet

Mailing Address 3660 Bay Dr

City State Zip Code  
Edgewater MD 21037-4143

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

Name of Employer Occupation  
Cavarocchi Ruscio Dennis Senior VP  
Assoc

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 9 / 2 4 / 2 0 0 8

**Transaction ID:** AAF92779C9FA046BFB99

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)  
Ross Vartian

Mailing Address 1801 Crystal Dr  
Apt 1115

City State Zip Code  
Arlington VA 22202-4418

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

Name of Employer Occupation  
Armenian Genocide Museum & Mem Director Of Planning

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

Date of Receipt  
M M / D D / Y Y Y Y  
0 9 / 2 4 / 2 0 0 8

**Transaction ID:** A93E7B32270B446E3A19

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 H. Miller

Mailing Address 111 Tappan Ln

City State Zip Code  
Orinda CA 94563-1013

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

Name of Employer Occupation  
The Rhoda Group Venture Capital

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

Date of Receipt  
M M / D D / Y Y Y Y  
0 9 / 2 4 / 2 0 0 8

**Transaction ID:** A9D416FF83CB742CCA87

Amount of Each Receipt this Period  
500.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 179
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) S Joseph Simitian	Date of Receipt MM / DD / YYYY 09 / 24 / 2008
	Mailing Address 532 Rhodes Dr	<b>Transaction ID:</b> A05EB11DEBF2646D08B3
	City State Zip Code Palo Alto CA 94303-3027	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Sanjay Puri	Date of Receipt MM / DD / YYYY 09 / 25 / 2008
	Mailing Address PO Box 222424	<b>Transaction ID:</b> A4604243973EF4B0B972
	City State Zip Code Chantilly VA 20153-2424	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Roger Strauch	Date of Receipt MM / DD / YYYY 09 / 27 / 2008
	Mailing Address 125 Guilford Rd	<b>Transaction ID:</b> A1B365B30F3F447DFB10
	City State Zip Code Piedmont CA 94611-3804	Amount of Each Receipt this Period 1600.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4150.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 179  
(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)  
Pallone for Congress

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

Mailing Address 115 Flag Point Rd

City Toms River State NJ Zip Code 08753-7535

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

Name of Employer Brouwer & Izdebski Insurance  
Occupation Office Mgr.

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 09 / 27 / 2008  
**Transaction ID:** A963FDC9553744551BB0  
 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)  
Julie A. Kulhanjian

Mailing Address 125 Guilford Rd

City Piedmont State CA Zip Code 94611-3804

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

Name of Employer Childrens Hospital  
Occupation Physician

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt 09 / 27 / 2008  
**Transaction ID:** AB5129DA9558A48D8A01  
 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)  
Ann Marie Lousin

Mailing Address 201 E. Chestnut St #18-A

City Chicago State IL Zip Code 60611-2342

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

Name of Employer John Marshall Law School  
Occupation Law Professor

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 900.00

Date of Receipt 09 / 27 / 2008  
**Transaction ID:** A1EAAF8F27B2D489B903  
 Amount of Each Receipt this Period 400.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3200.00**

**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 / 179
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
Pallone for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Joseph Dorian	Date of Receipt MM / DD / YYYY 09 / 27 / 2008
	Mailing Address 2726 San Ramon Dr	<b>Transaction ID:</b> A0C9859CABB0047AF97E
	City State Zip Code Potomac CA 90275-6252	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer N/a Occupation Retired Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Simon J. Simonian	Date of Receipt MM / DD / YYYY 09 / 27 / 2008
	Mailing Address 7616 Laurel Leaf Dr	<b>Transaction ID:</b> A68CA664E2F9D4D3E83F
	City State Zip Code Potomac MD 20854-1763	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Self Occupation Physician Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Diran Depanian	Date of Receipt MM / DD / YYYY 09 / 29 / 2008
	Mailing Address 3663 Los Feliz Blvd	<b>Transaction ID:</b> ABF005132C5794BD58F1
	City State Zip Code Los Angeles CA 90027-2437	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Tdm Architects, Inc. Occupation Architect Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>550.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 179  
(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)  
Pallone for Congress

**A.** Full Name (Last, First, Middle Initial)  
Stephen De Felice

Mailing Address 235 Munsee Way

City State Zip Code  
Westfield NJ 07090-3809

FEC ID number of contributing federal political committee. C

Name of Employer: Fdn For Innovation In Medicine  
Occupation: Physician

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt 09 / 29 / 2008  
**Transaction ID:** AF3616BFC5C214ACDB14

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)  
Ara Hovnanian

Mailing Address 820 5th Ave

City State Zip Code  
New York NY 10065-7267

FEC ID number of contributing federal political committee. C

Name of Employer: Hovnanian Enterprises  
Occupation: President/ceo

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 09 / 30 / 2008  
**Transaction ID:** AD495A4167F96465EACD

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)  
Kevork Hovnanian

Mailing Address 29 Ward Ave

City State Zip Code  
Rumson NJ 07760-1913

FEC ID number of contributing federal political committee. C

Name of Employer: K., Hovnanian Of Nj  
Occupation: CEO

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2008  
**Transaction ID:** A7AAC9452016A4818B80

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

FOR LINE NUMBER: PAGE 71 / 179  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

**A.** Full Name (Last, First, Middle Initial)  
Joseph F. Riggs  
Mailing Address 350a Dover Milton Rd  
City Oak Ridge State NJ Zip Code 07438-9381  
FEC ID number of contributing federal political committee. **C**  
Name of Employer K. Hovnanian Occupation Realtor  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼  
Date of Receipt 09 / 30 / 2008  
**Transaction ID:** AEBF7C187E7434DFAA03  
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)  
Edna Keleshian  
Mailing Address 15 Stallion Trails  
City Greenwich State CT Zip Code 06831-3040  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Keleshian Investments Occupation Investor  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼  
Date of Receipt 09 / 30 / 2008  
**Transaction ID:** A47CCE767E83C43B89BB  
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)  
Richard D. McOmber  
Mailing Address PO Box 308  
City Rumson State NJ Zip Code 07760-0308  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Mcomber & Mcombaer Occupation Attorney  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼  
Date of Receipt 09 / 30 / 2008  
**Transaction ID:** AF22DACD8D96B4540972  
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: <span style="float: right;">PAGE 72 / 179</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

**A.** Full Name (Last, First, Middle Initial)  
Adrienne H McOmber

Mailing Address P.O. Box 308

City Rumson State NJ Zip Code 07760-0308

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

Name of Employer McOmber and McOmber Occupation Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 09 / 30 / 2008  
**Transaction ID: A86367CC5C4E24DCB937**  
 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)  
Alexander Markarian

Mailing Address 300 Winston Dr

City Cliffside Park State NJ Zip Code 07010-3236

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

Name of Employer Marlex Trading Occupation Owner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt: 09 / 30 / 2008  
**Transaction ID: A93A91E3F374349DB971**  
 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)  
Aida Kado

Mailing Address 15 Bridle Path

City Tinton Falls State NJ Zip Code 07753-7634

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

Name of Employer Continental Airlines Occupation Intl Concierge

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt: 09 / 30 / 2008  
**Transaction ID: A422F329FE74D4A42A63**  
 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) ..... ► **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 73 / 179  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

**A.** Full Name (Last, First, Middle Initial)  
Joanne Pehlivanian  
 Mailing Address 332 Western Ave  
 City Bay Head State NJ Zip Code 08742-5056  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Diane Turton, Re Occupation Realtor  
 Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify)   
 Date of Receipt 09 / 30 / 2008  
**Transaction ID:** A2892DBB8DF94401DB3C  
 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)  
Dennis A. Drazin, Esq.  
 Mailing Address 25 Reckless Place  
 City Red Bank State NJ Zip Code 07701-1703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Drazin & Warshaw Occupation Attorney  
 Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify)   
 Date of Receipt 09 / 30 / 2008  
**Transaction ID:** A717B19D41B3D4299903  
 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)  
Bradley M. Campbell  
 Mailing Address 79 S. Main St  
 City Lambertville State NJ Zip Code 08530-1826  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bradley M Campbell Llc Occupation Attorney  
 Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify)   
 Date of Receipt 09 / 30 / 2008  
**Transaction ID:** A80D8BC89DEE040C1B04  
 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) ..... ► **1400.00**  
**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 / 179  
(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)  
Pallone for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Raffi Alaverdian

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2008

Mailing Address 2 Tilden Pl

Transaction ID: A1880BCEA7F37407BA81

City Norwood State NJ Zip Code 07648-2415

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee. C

Name of Employer Bayview Builders Occupation VP/CFO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Rima Amirsaleh

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2008

Mailing Address 163 Anderson Ave PO Box 563

Transaction ID: AC9ED924A9EBD44ACAD9

City Alpine State NJ Zip Code 07620-0563

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee. C

Name of Employer Best Efforts Occupation Unknown

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Arshag Tarpinian

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2008

Mailing Address 8 Iris Ct

Transaction ID: AAEE9C4C0283342319E3

City Old Tappan State NJ Zip Code 07675-6816

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Property Manager

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
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 75 / 179  
(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)  
Pallone for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Lawrence V. Najarian

Mailing Address PO Box 925

City State Zip Code  
Far Hills NJ 07931-0925

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 ▼

Amount of Each Receipt this Period 500.00

Transaction ID: A42B44ECB28F24E8C84B

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

**B.**

Full Name (Last, First, Middle Initial)  
Harris Bass

Mailing Address 11 Mann Ct

City State Zip Code  
Monmouth Beach NJ 07750-1052

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

Name of Employer Periscope, Inc. Occupation Mfg. Exec.

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period 3500.00

Transaction ID: AF859A9BA8A844261997

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

**C.**

Full Name (Last, First, Middle Initial)  
Peter S. Vosbikian

Mailing Address 408 Pond View Dr

City State Zip Code  
Moorestown NJ 08057-4301

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

Name of Employer Quickie Mfg. Corp. Occupation Manufacturer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period 1000.00

Transaction ID: A884442452D854081AFB

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 76 / 179  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

**A.** Full Name (Last, First, Middle Initial)  
Dr. Edgar M. Housepian

Mailing Address 531 Next Day Hill

City Englewood State NJ Zip Code 07631-1922

FEC ID number of contributing federal political committee. C

Name of Employer N/a Occupation Retired

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 275.00

Date of Receipt 09 / 30 / 2008

**Transaction ID:** AB27043E2916447E4A4F

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)  
Artemis Nazarian

Mailing Address 147 Demarest Ave

City Englewood Cliffs State NJ Zip Code 07632-1923

FEC ID number of contributing federal political committee. C

Name of Employer N/a Occupation Homemaker

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt 09 / 30 / 2008

**Transaction ID:** AE626D7B507F941FE817

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)  
Russell J. Kerestes

Mailing Address 59c Buckingham Dr

City Lakewood State NJ Zip Code 08701-6658

FEC ID number of contributing federal political committee. C

Name of Employer Najarian Assoc. Occupation Marketing

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2008

**Transaction ID:** A73C4450C82CD4D42B87

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) ..... 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 77 / 179

(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)  
Pallone for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Raymond Papa

Mailing Address 55 Whirlaway Rd

City Manalapan State NJ Zip Code 07726-9566

FEC ID number of contributing federal political committee. C

Name of Employer Najarian Assoc. Occupation Civil Engineer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2008

**Transaction ID:** AA7E383D7C1274B52BE4

Amount of Each Receipt this Period 300.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Tavit O. Najarian

Mailing Address 17 Shrewsbury Dr

City Rumson State NJ Zip Code 07760-2007

FEC ID number of contributing federal political committee. C

Name of Employer Najarian Assoc. Occupation Owner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2008

**Transaction ID:** A89697DCF80A94D77A33

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)  
Vajira Gunawardana

Mailing Address 2 Linden Court

City Holmdel State NJ Zip Code 07733-2414

FEC ID number of contributing federal political committee. C

Name of Employer Najarian Assoc. Occupation Civil Engineer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2008

**Transaction ID:** A3EE0455C5E9A41038FD

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) ..... 1800.00

**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: <span style="float: right;">PAGE 78 / 179</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Harry J. Widdis	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 355 Eastbourne Ave	<b>Transaction ID:</b> A4198BAF6CA1A416AA93
	City State Zip Code Long Branch NJ 07740-5573	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Najarian Assoc. Land Surveyor	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Timothy V. Holmes	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 89 Circle Dr	<b>Transaction ID:</b> A09E5AC5A4E334CE5A03
	City State Zip Code Toms River NJ 08753-1890	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Najarian Associates Engineer	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Eugene W. Geer	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 558 Beers St	<b>Transaction ID:</b> AA8FCAFD75E69412CB4F
	City State Zip Code Hazlet NJ 07730-1036	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation N/a Retired	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1100.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 / 179
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Anthony B Macdonald	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 1300 Sunset Ave	<b>Transaction ID:</b> A14666FE4B41C4474A43
	City State Zip Code Ocean NJ 07712-4820	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Monmouth University Administrator	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Hagop Kouyoumdjian	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 14 Lori Ln	<b>Transaction ID:</b> AC580F524D765404789F
	City State Zip Code Holmdel NJ 07733-1681	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Supplies & Services LLP Executive	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Haroutune Mekhjian	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address PO Box 355 Timberline Dr	<b>Transaction ID:</b> ABDED41D8ED514A82A26
	City State Zip Code Alpine NJ 07620-0355	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation St. Joseph's Medical Center Physician	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 80 / 179</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Ara K. Marangosian		Date of Receipt
	Mailing Address 110 Stone Fence Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Bernardsville	NJ	07924-1726
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: AFE4E5D2CCC65452FB09
Name of Employer Stirling Textiles & Chemicals		Occupation Trader	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/>
		<input type="text"/> 2000.00	<input type="text"/> 500.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) Harry Toufayan		Date of Receipt
	Mailing Address 2305 Edgewater Dr Unit 1705		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Orlando	FL	32804-5357
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: A49D26E79E8BD420A98B
Name of Employer Toufayan Bakeries		Occupation President	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/>
		<input type="text"/> 250.00	<input type="text"/> 250.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) Miguel Nunez		Date of Receipt
	Mailing Address 188 Escondido Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	New York	NY	10027
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: AD4BB6E167886457687E
Name of Employer Information Requested		Occupation Information Requested	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/>
		<input type="text"/> 300.00	<input type="text"/> 300.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1050.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 81 / 179  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

A.

Full Name (Last, First, Middle Initial)  
Himelman, Wertheim & Geller

Mailing Address 1405 Route 18 South

City State Zip Code  
Old Bridge NJ 08857-3719

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2008

Transaction ID: AF72368E18F1F4C98966

Amount of Each Receipt this Period

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>153950.00</b>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 82 / 179  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

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

Mailing Address 801 Pennsylvania Ave NW  
Suite 710

City Washington State DC Zip Code 20004-3620

FEC ID number of contributing federal political committee. **C** C00390351

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 07 / 14 / 2008  
**Transaction ID:** ABECB777B62D74E068E0  
 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)  
AMYLIN PHARMACEUTICALS, INC. POLITICAL ACTION COMMITTEE

Mailing Address 9360 Towne Centre Drive

City San Diego State CA Zip Code 92121-3057

FEC ID number of contributing federal political committee. **C** C00427021

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 07 / 15 / 2008  
**Transaction ID:** A491C02F72CA04DEE887  
 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)  
Ironworkers Pol. Action League

Mailing Address 1750 New York Ave. Nw

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** c00027359

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: 07 / 16 / 2008  
**Transaction ID:** A948F2D0961A7463CB14  
 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 83 / 179  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

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

Mailing Address 1399 New York Ave NW  
Suite 300

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00199257

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt 07 / 21 / 2008  
**Transaction ID:** A64E8FDB9A9F045C484F  
 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)  
Biotechnology Industry Organization

Mailing Address 1201 Maryland Ave SW  
Ste 900

City Washington State DC Zip Code 20024-2149

FEC ID number of contributing federal political committee. **C** C00355677

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 07 / 21 / 2008  
**Transaction ID:** AF7DE93DCF5F247E091E  
 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)  
Amer Medical Assn. Pac

Mailing Address 1101 Vermont Ave. Nw

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00000422

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt 07 / 23 / 2008  
**Transaction ID:** A3273C28893B94CA280B  
 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) ..... ► 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 84 / 179  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

**A.** Full Name (Last, First, Middle Initial)  
Bristol-Myers Squibb Co. Empl. PAC

Mailing Address 345 Park Avenue  
11th Floor

City State Zip Code  
New York NY 10154-0004

FEC ID number of contributing federal political committee. **C** C00035675

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  
07 / 28 / 2008

**Transaction ID:** AD267569763384015BFE

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)  
BROWN RUDNICK BERLACK ISRAELS LLP FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address 1 Financial Center

City State Zip Code  
Boston MA 02111-2621

FEC ID number of contributing federal political committee. **C** C00410613

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1150.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 28 / 2008

**Transaction ID:** A975E65BC507B4D398CE

Amount of Each Receipt this Period  
150.00

In-kind:Use of Office Space  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Medimmune Inc

Mailing Address 1 Medimmune Way

City State Zip Code  
Gaithersburg MD 20878-2204

FEC ID number of contributing federal political committee. **C** C00399725

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  
08 / 04 / 2008

**Transaction ID:** A26654C9C138442C8ACC

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) ..... ► **2150.00**

**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 / 179

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

**A.** Full Name (Last, First, Middle Initial)  
American Assn of Orthodontists

Mailing Address 401 North Lindbergh Blvd

City Saint Louis State MO Zip Code 63141-7839

FEC ID number of contributing federal political committee. C C00293910

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 08 / 13 / 2008

**Transaction ID:** A6ED41D56C1FE4FA0B09

Amount of Each Receipt this Period 5000.00

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

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

Mailing Address 235 E. 42nd. St.

City NY State NY Zip Code 10017

FEC ID number of contributing federal political committee. C C00016683

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 08 / 13 / 2008

**Transaction ID:** A05BD6B03025D45ACAE6

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)  
Food Marketing Institute

Mailing Address 50 F St NW  
Suite 600

City Washington State DC Zip Code 20001-1566

FEC ID number of contributing federal political committee. C C00014555

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 08 / 14 / 2008

**Transaction ID:** AFD917FBE22294A04A6D

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) ..... 7000.00

**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 86 / 179  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

**A.** Full Name (Last, First, Middle Initial)  
Grocery Manufacturers of America

Mailing Address 1350 I St NW  
Suite 300

City Washington State DC Zip Code 20005-3377

FEC ID number of contributing federal political committee. **C** C00250068

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt: MM / DD / YYYY  
08 / 14 / 2008

**Transaction ID:** AFD887D3F9EF84D44BE5

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)  
Campbell Soup

Mailing Address Campbell Place  
Box 43

City Camden State NJ Zip Code 08103-1701

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 ▼ 500.00

Date of Receipt: MM / DD / YYYY  
08 / 14 / 2008

**Transaction ID:** A73EA42C48E2B44709F1

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)  
Bristol-Myers Squibb Co. Empl. PAC

Mailing Address 345 Park Avenue  
11th Floor

City New York State NY Zip Code 10154-0004

FEC ID number of contributing federal political committee. **C** C00035675

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt: MM / DD / YYYY  
08 / 25 / 2008

**Transaction ID:** A7E235933879049D98CF

Amount of Each Receipt this Period: 1500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3500.00

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

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

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

FOR LINE NUMBER: PAGE 87 / 179  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

**A.** Full Name (Last, First, Middle Initial)  
Daiichi Sankyo Inc  
Mailing Address Two Hilton Court  
City Parsippany State NJ Zip Code 07054-4410  
FEC ID number of contributing federal political committee. **C** C00441204  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00  
Date of Receipt 08 / 27 / 2008  
**Transaction ID:** A2E2B6885CBDB4118869  
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)  
Laborers Political League  
Mailing Address 905 16th St. Nw  
City Washington State DC Zip Code 20006  
FEC ID number of contributing federal political committee. **C** C00270413  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 7500.00  
Date of Receipt 08 / 28 / 2008  
**Transaction ID:** A584FDBA2B6C14F3C851  
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)  
Credit Union Leg. Action Council  
Mailing Address 601 Penn. Ave. Nw So. Bldg. #600  
City Washington State DC Zip Code 20004  
FEC ID number of contributing federal political committee. **C** c00007880  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00  
Date of Receipt 08 / 29 / 2008  
**Transaction ID:** AECA3873891E24E07950  
Amount of Each Receipt this Period 5000.00  
 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)  
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(check only one)  
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 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

**A.** Full Name (Last, First, Middle Initial)  
Natl Assn. Of Insurance & Financial Adv  
Mailing Address Po Box 12012  
City Falls Church State VA Zip Code 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 ▼ 10000.00  
Date of Receipt 09 / 02 / 2008  
**Transaction ID:** A3D87DC4DCDBD483A81E  
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)  
Amer Veterinary Medical Assoc. Pac  
Mailing Address 1910 Sunderland Place Nw  
City Washington State DC Zip Code 20036-1608  
FEC ID number of contributing federal political committee. **C** c00114132  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 9000.00  
Date of Receipt 09 / 05 / 2008  
**Transaction ID:** AAF861CDF65844011ACC  
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)  
American Institute of CPAs  
Mailing Address 220 Leigh Farm Road  
City Durham State NC Zip Code 27707-8110  
FEC ID number of contributing federal political committee. **C** C00077321  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00  
Date of Receipt 09 / 05 / 2008  
**Transaction ID:** AC2063298E27B437DA77  
Amount of Each Receipt this Period 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5500.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
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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)  
Pallone for Congress

**A.** Full Name (Last, First, Middle Initial)  
Amer. College Physicians  
Mailing Address 2011 Penn Ave. NW #800  
City Washington State DC Zip Code 20006-1808  
FEC ID number of contributing federal political committee. **C** C00403881  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 6750.00  
Date of Receipt 09 / 05 / 2008  
**Transaction ID:** AB3D4374D4DEF438E9C5  
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)  
Cablevision Systems  
Mailing Address 1111 Stewart Ave.  
City Bethpage State NY Zip Code 11714-3533  
FEC ID number of contributing federal political committee. **C** C00197863  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 6000.00  
Date of Receipt 09 / 05 / 2008  
**Transaction ID:** A9CDAB93BB8A74C6F825  
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)  
National PAC  
Mailing Address Po Box 15316  
City Washington State DC Zip Code 20003-0316  
FEC ID number of contributing federal political committee. **C** C00150995  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00  
Date of Receipt 09 / 07 / 2008  
**Transaction ID:** AAD381C2E049F403C818  
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) ..... ▶ **6500.00**  
**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)  
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 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

**A.** Full Name (Last, First, Middle Initial)  
National Action Cmte. Pac  
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 ▼ 2500.00  
Date of Receipt: 09 / 07 / 2008  
Transaction ID: AB3E7CD6067A443E5B7D  
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)  
Pharmavite Pav  
Mailing Address Po Box 9606  
City Mission Hills State CA Zip Code 91346  
FEC ID number of contributing federal political committee. **C** C00410654  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00  
Date of Receipt: 09 / 08 / 2008  
Transaction ID: AEFCD0956DC6F46B585B  
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)  
Affinity Fed. Credit Union Pac  
Mailing Address Po Box 750  
City Bedminster State NJ Zip Code 07921  
FEC ID number of contributing federal political committee. **C** C00337113  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00  
Date of Receipt: 09 / 10 / 2008  
Transaction ID: A7655FA57EBB845D2A16  
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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NAME OF COMMITTEE (In Full)  
Pallone for Congress

**A.** Full Name (Last, First, Middle Initial)  
Physical Therapy Pac  
Mailing Address 1111 No. Fairfax St.  
City Alexandria State VA Zip Code 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 ▼ 6000.00  
Date of Receipt 09 / 10 / 2008  
Transaction ID: AA84A1826737D45278B1  
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)  
Amalgamated Transit Union Cope  
Mailing Address 5025 Wisconsin Ave. Nw  
City Washington State DC Zip Code 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 ▼ 5000.00  
Date of Receipt 09 / 10 / 2008  
Transaction ID: AE68F827F728A40E39DB  
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)  
Ophthpac  
Mailing Address 1101 Vermont Ave. Nw  
City Washington State DC Zip Code 20005  
FEC ID number of contributing federal political committee. **C** c00196246  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 10000.00  
Date of Receipt 09 / 10 / 2008  
Transaction ID: A204E3E9B35CF466F9B7  
Amount of Each Receipt this Period 5000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 8000.00  
**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  
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NAME OF COMMITTEE (In Full)  
Pallone for Congress

**A.** Full Name (Last, First, Middle Initial)  
Osteopathic Pac  
Mailing Address 1090 Vermont Ave. Nw  
City Washington State DC Zip Code 20005-4905  
FEC ID number of contributing federal political committee. **C** C00113803  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00  
Date of Receipt 09 / 10 / 2008  
**Transaction ID:** A6DD54E7AA7784B90811  
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)  
Boilermakers-blacksmiths Leg. Educ. Acti  
Mailing Address 2722 Merrilee Dr.  
City Fairfax State VA Zip Code 22031  
FEC ID number of contributing federal political committee. **C** C70002506  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00  
Date of Receipt 09 / 12 / 2008  
**Transaction ID:** A25D6334D038546B6947  
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)  
US-Armenia Public Affairs Cmte  
Mailing Address 1518 K Street NW Suite M  
City Washington State DC Zip Code 20005-1214  
FEC ID number of contributing federal political committee. **C** C00436220  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 500.00  
Date of Receipt 09 / 12 / 2008  
**Transaction ID:** ABDEAEBFB9F404A5FB90  
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) ..... ► 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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(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)  
Pallone for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Nat'l Air Traffic Controllers Assn. Pac

Mailing Address 1325 Mass. 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 ▼  
8000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 12 / 2008

Transaction ID: A2E4D52BF89CB4D4C9FE

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)  
Council For Responsible Nutrition Pac

Mailing Address 1828 L St. Nw #900

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00399659

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  
09 / 16 / 2008

Transaction ID: AD3D9DC473B0E403F82E

Amount of Each Receipt this Period

1000.00

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

**C.**

Full Name (Last, First, Middle Initial)  
American Association for Justice

Mailing Address 1050 31st St. NW

City State Zip Code  
Washington DC 20007

FEC ID number of contributing federal political committee. **C** c00024521

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 16 / 2008

Transaction ID: A7A57F52AC99944DA865

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) ..... ▶

4500.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

**A.** Full Name (Last, First, Middle Initial)  
Continental Airlines Empl. Fund For A Be

Mailing Address 1600 Smith St.  
Suite HQSGV

City Houston State TX Zip Code 77002-7362

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 ▼ 4000.00

Date of Receipt: 09 / 16 / 2008  
**Transaction ID:** A121FC2EDBD2B4BA3A16  
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)  
BRACEPAC

Mailing Address 2000 K Street  
Suite 500

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** c00021295

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt: 09 / 16 / 2008  
**Transaction ID:** AAD550D91B1AB472D9DA  
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)  
NCR Corp

Mailing Address 616 H Street NW  
5th Floor

City Washington State DC Zip Code 20001-3732

FEC ID number of contributing federal political committee. **C** C00324103

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 09 / 16 / 2008  
**Transaction ID:** A51F7056E660246EA9D9  
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) ..... ▶ 4000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

**A.** Full Name (Last, First, Middle Initial)  
Philips Electronics No. Amer. Pac  
Mailing Address 1300 I St. Nw  
City Washington State DC Zip Code 20005  
FEC ID number of contributing federal political committee. **C** c00239780  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 7047.25  
Date of Receipt 09 / 16 / 2008  
**Transaction ID:** AE44447670FBE402DB71  
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)  
Safety-Kleen Systems  
Mailing Address 5400 Legacy Drive Cluster II  
City Plano State TX Zip Code 75024-3105  
FEC ID number of contributing federal political committee. **C** C00313312  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00  
Date of Receipt 09 / 16 / 2008  
**Transaction ID:** AC0B1D7169B424904A26  
Amount of Each Receipt this Period 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
American College of Rheumatology  
Mailing Address 1800 Century Place Suite 250  
City Atlanta State GA Zip Code 30345-4300  
FEC ID number of contributing federal political committee. **C** C00432823  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1500.00  
Date of Receipt 09 / 16 / 2008  
**Transaction ID:** A29200BA97438497D913  
Amount of Each Receipt this Period 1500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3500.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

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

Mailing Address 601 Pennsylvania Avenue NW  
Suite 540

City Washington State DC Zip Code 20004-2601

FEC ID number of contributing federal political committee. **C** C00423442

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 / 1 6 / 2 0 0 8

**Transaction ID:** AC85E4F9D7DB34C40926

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 Academy of Neurology

Mailing Address 1080 Montreal Ave

City Saint Paul State MN Zip Code 55116-2386

FEC ID number of contributing federal political committee. **C** C00435933

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 / 1 6 / 2 0 0 8

**Transaction ID:** A1EEC36C619394E1EAFE

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)  
Verizon Communications Inc. Good Govt Fund

Mailing Address 1717 Arch St. 47-s

City Philadelphia State PA Zip Code 19103-2713

FEC ID number of contributing federal political committee. **C** C00186288

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 9 / 1 6 / 2 0 0 8

**Transaction ID:** ABDF61A1BB42F46B4AB3

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

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

**A.** Full Name (Last, First, Middle Initial)  
Amer Fed. Of Teachers Cope

Mailing Address 555 New Jersey Ave. Nw

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00028860

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 8000.00

Date of Receipt: 09 / 17 / 2008  
**Transaction ID:** A686664CDC6A740D9AF0

Amount of Each Receipt this Period: 3000.00

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

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

Mailing Address 444 N. Capitol St. Nw #728

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** c00331991

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt: 09 / 17 / 2008  
**Transaction ID:** A6C7B26F87D5B4B0AB72

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)  
Univision Communications

Mailing Address 520 S Grand Ave Suite 700

City Los Angeles State CA Zip Code 90071-2665

FEC ID number of contributing federal political committee. **C** C00435735

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 09 / 17 / 2008  
**Transaction ID:** A4CFB387260C34CABBD1

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) ..... ▶ **7500.00**

**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)  
Pallone for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) AmerisourceBergen Corp</p> <p>Mailing Address 1300 Morris Dr Suite 100</p> <p>City State Zip Code Chesterbrook PA 19087-5559</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C C00400929</span></p> <p>Name of Employer Occupation</p> <p>Receipt For: 2008  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">09 / 17 / 2008</span></p> <p><b>Transaction ID:</b> A25574DCCAE364DA0AA2</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) FIREPAC</p> <p>Mailing Address 1750 New York Ave. Nw</p> <p>City State Zip Code Washington DC 20006</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C C00029447</span></p> <p>Name of Employer Occupation</p> <p>Receipt For: 2008  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">3500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">09 / 19 / 2008</span></p> <p><b>Transaction ID:</b> ADECF81214FC7480087C</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Cablevision Systems</p> <p>Mailing Address 1111 Stewart Ave.</p> <p>City State Zip Code Bethpage NY 11714-3533</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C C00197863</span></p> <p>Name of Employer Occupation</p> <p>Receipt For: 2008  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">8500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">09 / 19 / 2008</span></p> <p><b>Transaction ID:</b> ABF64DD8273AE42B7827</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">2500.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">4500.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 99 / 179  
(check only one)  
 11a  11b  11c  11d  
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NAME OF COMMITTEE (In Full)  
Pallone for Congress

**A.** Full Name (Last, First, Middle Initial)  
Watson Pharmaceuticals Pac

Mailing Address 311 Bonnie Circle

City State Zip Code  
Corona CA 92880

FEC ID number of contributing federal political committee. **C** c00391086

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4300.00

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

**Transaction ID:** AB346902FAC0F4FD88AB

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)  
Spine Pac

Mailing Address 22 Calendar Court, 2nd Fl.

City State Zip Code  
Lagrange IL 60525

FEC ID number of contributing federal political committee. **C** C00349225

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 9 / 2 3 / 2 0 0 8

**Transaction ID:** AA84C9E8E21344507841

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)  
Afsome People

Mailing Address 1625 L St. Nw

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00011114

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 9 / 2 3 / 2 0 0 8

**Transaction ID:** AE1222CE13CB54C82B0E

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 100 / 179  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

**A.** Full Name (Last, First, Middle Initial)  
GIBBONS P.C. PAC INC

Mailing Address One Gateway Center

City State Zip Code  
Newark NJ 07102-5315

FEC ID number of contributing federal political committee. **C** C00412635

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 3 / 2 0 0 8

**Transaction ID:** AFFAC25B8E761403DA18

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)  
POLITICAL ACTION COMMITTEE OF THE AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS

Mailing Address 317 Mass. Ave. Ne

City State Zip Code  
Washington DC 20002-5769

FEC ID number of contributing federal political committee. **C** c00343137

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 9 / 2 3 / 2 0 0 8

**Transaction ID:** A80994E5E36734496A3C

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)  
Unite Here Tip Camp. Cmte

Mailing Address 275 7th Ave.

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  
 0 9 / 2 3 / 2 0 0 8

**Transaction ID:** AB2AF1B8E8BA94528819

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) ..... ► **5000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 101 / 179  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

**A.** Full Name (Last, First, Middle Initial)  
Van Scoyoc Assoc

Mailing Address 101 Constitution Ave NW  
Suite 600 West

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00369058

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1946.73

Date of Receipt 09 / 24 / 2008  
**Transaction ID:** A74D9626AF8B84B9F9B4

Amount of Each Receipt this Period 1946.73

In-kind: Rental, Staffing, Catering Exp  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address Po Box 222424

City Chantilly State VA Zip Code 20153

FEC ID number of contributing federal political committee. **C** c00381699

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 8500.00

Date of Receipt 09 / 25 / 2008  
**Transaction ID:** AF3D56EBA606F4265A01

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)  
EXPRESS SCRIPTS INC. POLITICAL FUND

Mailing Address 13900 Riverport Drive

City Maryland Heights State MO Zip Code 63043

FEC ID number of contributing federal political committee. **C** C00365072

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt 09 / 27 / 2008  
**Transaction ID:** A14D7558DFDB4BBB824

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) ..... ► 8946.73

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 102 / 179  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

**A.** Full Name (Last, First, Middle Initial)  
Air Line Pilots Assn. Pac

Mailing Address 1625 Mass. Ave. Nw

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** c00035451

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt: 09 / 27 / 2008  
**Transaction ID:** AA6BACABCFEAB4462A46

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)  
AMGEN

Mailing Address One Amgen Center Drive

City Thousand Oaks State CA Zip Code 91320

FEC ID number of contributing federal political committee. **C** c00251876

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt: 09 / 27 / 2008  
**Transaction ID:** ACEC5672A1FEA48BE944

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)  
AmerisourceBergen Corp

Mailing Address 1300 Morris Dr Suite 100

City Chesterbrook State PA Zip Code 19087-5559

FEC ID number of contributing federal political committee. **C** C00400929

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt: 09 / 27 / 2008  
**Transaction ID:** A2AC08A5D50DF4841980

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) ..... ► 7500.00

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 103 / 179  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

**A.** Full Name (Last, First, Middle Initial)  
CRAIG BURRIDGE ELECTION COMMITTEE  
 Mailing Address 11 Suncrest Dr  
 City Waterford State NY Zip Code 12188-1321  
 FEC ID number of contributing federal political committee. **C** C00449975  
 Name of Employer Occupation  
 Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼ 2000.00  
 Date of Receipt 09 / 27 / 2008  
**Transaction ID:** A3E44BCBB232C45DB80F  
 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)  
First Energy Pac  
 Mailing Address 76 S. Main St.  
 City Akron State OH Zip Code 44308  
 FEC ID number of contributing federal political committee. **C** c00140855  
 Name of Employer Occupation  
 Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼ 4000.00  
 Date of Receipt 09 / 27 / 2008  
**Transaction ID:** A925E163B7B4947D1A14  
 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)  
Amer. Assc. Of Nurse Anesthetists PAC  
 Mailing Address 412 First St. SE #12  
 City Washington State DC Zip Code 20003  
 FEC ID number of contributing federal political committee. **C** C00173153  
 Name of Employer Occupation  
 Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼ 10000.00  
 Date of Receipt 09 / 27 / 2008  
**Transaction ID:** A703077A5DC004F67989  
 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

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FOR LINE NUMBER: PAGE 104 / 179  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

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

Mailing Address 500 New Jersey Ave  
Ste 350

City Washington State DC Zip Code 20001-2063

FEC ID number of contributing federal political committee. **C** C00424838

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 09 / 27 / 2008  
**Transaction ID:** A52467397468B4777AF5

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)  
Genesis Health Ventures Pac

Mailing Address 101 E. State St.

City Kennett Sq. State PA Zip Code 19348

FEC ID number of contributing federal political committee. **C** c00292094

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt 09 / 27 / 2008  
**Transaction ID:** A67A134A7335E4C3E843

Amount of Each Receipt this Period 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
American Speech Language Hearing

Mailing Address 10801 Rockville Pike

City Rockville State MD Zip Code 20852

FEC ID number of contributing federal political committee. **C** C00210666

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5500.00

Date of Receipt 09 / 27 / 2008  
**Transaction ID:** AC45EEF14CFFD470B8B6

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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FOR LINE NUMBER: PAGE 105 / 179

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

**A.** Full Name (Last, First, Middle Initial)  
Amer Nurses Assn. Pac

Mailing Address 8515 Georgia Ave. #400

City State Zip Code  
Silver Spring MD 20910

FEC ID number of contributing federal political committee. C c00017525

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 Y  
0 9 / 2 9 / 2 0 0 8

**Transaction ID:** AADB5E0EAED74986991

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)  
Sierra Club Political Cmte.

Mailing Address 85 Second St.

City State Zip Code  
San Francisco CA 94105

FEC ID number of contributing federal political committee. C C00135368

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1010.00

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

**Transaction ID:** A64F3121A9FCE45CC869

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)  
Amer Soc. Of Health System Pharm. Pac

Mailing Address 7272 Wisconsin Ave.

City State Zip Code  
Bethesda MD 20814-4836

FEC ID number of contributing federal political committee. C C00245530

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 Y  
0 9 / 2 9 / 2 0 0 8

**Transaction ID:** A207B70758D424D6E8E7

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

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FOR LINE NUMBER: PAGE 106 / 179  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

**A.** Full Name (Last, First, Middle Initial)  
Public Service Enterprise Pac  
Mailing Address 80 Park Plaza  
City Newark State NJ Zip Code 07102-4109  
FEC ID number of contributing federal political committee. **C** c00383489  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 8000.00  
Date of Receipt 09 / 29 / 2008  
**Transaction ID:** AC6CB42E8CD8744C980B  
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)  
Independent Insurance Agents of America  
Mailing Address 412 1st. St. Se #300  
City Washington State DC Zip Code 20003  
FEC ID number of contributing federal political committee. **C** C00022343  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00  
Date of Receipt 09 / 29 / 2008  
**Transaction ID:** ADB10680FD88C4F33AF3  
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)  
Healthsouth PAC  
Mailing Address One Healthcouth Pkwy.  
City Birmingham State AL Zip Code 35243  
FEC ID number of contributing federal political committee. **C** C00414649  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 4000.00  
Date of Receipt 09 / 29 / 2008  
**Transaction ID:** AC8C8B12830A1414988A  
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) ..... ► 2500.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 107 / 179  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

**A.** Full Name (Last, First, Middle Initial)  
Amer Assn. Of Clinical Urologists Pac

Mailing Address 1111 Plaza Dr. #550

City State Zip Code  
Schaumburg IL 60173

FEC ID number of contributing federal political committee. **C** C00273003

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2008

**Transaction ID:** AED5F2263ADB3427EBDD

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)  
American Academy of Sleep Medicine

Mailing Address One Westbrook Corporate Center  
Suite 920

City State Zip Code  
Westchester IL 60154

FEC ID number of contributing federal political committee. **C** c00331462

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2008

**Transaction ID:** A215BAE8940034131A93

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
American Academy of Nurse Practitioners

Mailing Address PO Box 40473

City State Zip Code  
Washington DC 20016

FEC ID number of contributing federal political committee. **C** C00358903

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2008

**Transaction ID:** AF0F9C50EED7E4A7DB6A

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) ..... ► 3800.00

**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 108 / 179  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

**A.** Full Name (Last, First, Middle Initial)  
Praxair Inc  
Mailing Address P.O. Box 2958  
City Danbury State CT Zip Code 06813  
FEC ID number of contributing federal political committee. **C** C00283440  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 2008.00  
Date of Receipt 09 / 30 / 2008  
Transaction ID: A607B8314B95D4971BF9  
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)  
Natl Beer Wholesalers Assn. Pac  
Mailing Address 1101 King St. #600  
City Alexandria State VA Zip Code 22314  
FEC ID number of contributing federal political committee. **C** c00144766  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 10000.00  
Date of Receipt 09 / 30 / 2008  
Transaction ID: A469ACB4720E84844914  
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)  
Ocean Champions Pac  
Mailing Address 202 San Jose Ave.  
City Capitola State CA Zip Code 95010  
FEC ID number of contributing federal political committee. **C** C00393769  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00  
Date of Receipt 09 / 30 / 2008  
Transaction ID: ABE16EF5E14564544902  
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) ..... ► 8000.00  
**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 109 / 179  
 (check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
 Pallone for Congress

A.

Full Name (Last, First, Middle Initial)  
 Ernst & Young Pac

Mailing Address 1225 Conn. Ave. Nw #600

City State Zip Code  
 Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00227744

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2008

Transaction ID: AC0132BBA61CF4A9C992

Amount of Each Receipt this Period  
 2000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	139196.73

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 110 / 179  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

A.

Full Name (Last, First, Middle Initial)  
United States Treasury

Mailing Address P.O. Box 51315

City State Zip Code  
Philadelphia PA 19115

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
7330.55

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 1 3 / 2 0 0 8

Transaction ID: A4CE6B3D9EFA445D0A91

Amount of Each Receipt this Period  
7327.60

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	7327.60
<b>TOTAL</b> This Period (last page this line number only) .....	▶	7327.60

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 / 179
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Bank Of America	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 577 Broadway	<b>Transaction ID:</b> A4849CE01543D4A2D875
	City State Zip Code Long Branch NJ 07740	Amount of Each Receipt this Period 4757.77
	FEC ID number of contributing federal political committee. C	Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 135373.78

<b>B.</b>	Full Name (Last, First, Middle Initial) Bank Of America	Date of Receipt MM / DD / YYYY 08 / 29 / 2008
	Mailing Address 577 Broadway	<b>Transaction ID:</b> A704D785D77484B7CA17
	City State Zip Code Long Branch NJ 07740	Amount of Each Receipt this Period 4764.97
	FEC ID number of contributing federal political committee. C	Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 140138.75

<b>C.</b>	Full Name (Last, First, Middle Initial) Bank Of America	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 577 Broadway	<b>Transaction ID:</b> A5FFB524E7B174A4CB31
	City State Zip Code Long Branch NJ 07740	Amount of Each Receipt this Period 4618.27
	FEC ID number of contributing federal political committee. C	Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 144757.02

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	14141.01
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 112 / 179  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

A.

Full Name (Last, First, Middle Initial)  
HILLARY CLINTON FOR PRESIDENT

Mailing Address Post Office Box 101436

City State Zip Code  
Arlington VA 22210-4436

FEC ID number of contributing federal political committee. **C** C00431569

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 22 / 2008

Transaction ID: AC21657F758FD4EA39F9

Amount of Each Receipt this Period  
2000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	16141.01

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) <b>BROWN RUDNICK BERLACK ISRAELS LLP FEDERAL POLITICAL ACTION COMMITTEE</b> Mailing Address 1 Financial Center City Boston State MA Zip Code 02111-2621 Purpose of Disbursement In-kind: Use of Office Space Candidate Name <b>BROWN RUDNICK BERLACK ISRAELS LLP FEDERAL POLITICAL ACTION COMMITTEE</b> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> B975E65BC507B4D398CE <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 8
	Amount of Each Disbursement this Period 150.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Van Scoyoc Assoc</b> Mailing Address 101 Constitution Ave NW Suite 600 West City Washington State DC Zip Code 20001 Purpose of Disbursement In-kind: Rental, Staffing, Catering Exp Candidate Name <b>Van Scoyoc Assoc</b> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> B74D9626AF8B84B9F9B4 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 8
	Amount of Each Disbursement this Period 1946.73 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/ Type
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Ceridian</b> Mailing Address 4 Crossroads Drive Suite 100 City Robbinsville State NJ Zip Code 08691-3374 Purpose of Disbursement Tax Impound Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> B0DB27ECA904D48A9A0C <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 8
	Amount of Each Disbursement this Period 1062.86 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/ Type
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3159.59</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

PAGE 114 / 179

<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)  
Pallone for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Zait Odza</p> <p>Mailing Address NJ Mobile Auto Glass Market Street</p> <p>City Saddle Brook State NJ Zip Code 07663</p> <p>Purpose of Disbursement Auto Glass Repair - Campaign Car</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BCC7F464D06EA4DC3A8D</p> <p>Date of Disbursement 07 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 358.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Matthew B. Montekio</p> <p>Mailing Address 118 Flintlock Dr</p> <p>City Lakewood State NJ Zip Code 08701-4119</p> <p>Purpose of Disbursement Salary</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BD9835CBDEDF4C919B1</p> <p>Date of Disbursement 07 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 1538.32</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Frank J Lankey, Jr.</p> <p>Mailing Address 3952 Park Ave</p> <p>City Edison State NJ Zip Code 08820-3010</p> <p>Purpose of Disbursement Salary</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B6FA0DFD67874467D909</p> <p>Date of Disbursement 07 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 912.16</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><b>2808.48</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 115 / 179

<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)  
Pallone for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Bruce W. Woolley  Mailing Address PO Box 4088  City Long Branch State NJ Zip Code 07740-4088  Purpose of Disbursement Rent Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BF4D6DB4351724A3BBF8 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 0 8  Amount of Each Disbursement this Period 2675.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) American Express  Mailing Address Po Box 1270  City Newark State NJ Zip Code 07101  Purpose of Disbursement Credit Card Collection Fee Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B53AFEBD47F444320B4C Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 8  Amount of Each Disbursement this Period 5.95  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Asbury Park Press  Mailing Address Po Box 5151  City Buffalo State NY Zip Code 14240  Purpose of Disbursement Newspaper Service Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BC93A6BEAC3B64C01829 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 7 / 2 0 0 8  Amount of Each Disbursement this Period 34.78  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2715.73
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 116 / 179

<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)  
Pallone for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Bank Of America</p> <p>Mailing Address 577 Broadway</p> <p>City Long Branch State NJ Zip Code 07740</p> <p>Purpose of Disbursement Stop Payment Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B12496537B53A42BCB54</p> <p>Date of Disbursement 07 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 30.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) American Heart Assn.</p> <p>Mailing Address 1 Union St. #301</p> <p>City Robbinsville State NJ Zip Code 08691</p> <p>Purpose of Disbursement Event Tickets</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BB0AE54BB3F9B4A44BDF</p> <p>Date of Disbursement 07 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 700.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address Po Box 4833</p> <p>City Trenton State NJ Zip Code 08650</p> <p>Purpose of Disbursement Phone Service</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BF1160440BB874000941</p> <p>Date of Disbursement 07 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 1055.83</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

1785.83

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Konica Business Technology</p> <p>Mailing Address Po Box 41601</p> <p>City Philadelphia State PA Zip Code 19101</p> <p>Purpose of Disbursement Copier Lease</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B62C47A63F30B47F8B92</p> <p>Date of Disbursement 07 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 289.22</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Samson Self Storage</p> <p>Mailing Address 610 Joline Ave.</p> <p>City Long Branch State NJ Zip Code 07740-5839</p> <p>Purpose of Disbursement Storage Unit</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B20AC9ADDDCC041F2A62</p> <p>Date of Disbursement 07 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 208.65</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Ceridian</p> <p>Mailing Address 4 Crossroads Drive Suite 100</p> <p>City Robbinsville State NJ Zip Code 08691-3374</p> <p>Purpose of Disbursement Payroll Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B68CBA11E382C468DBA0</p> <p>Date of Disbursement 07 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 76.80</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

574.67

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Asbury Park Press <hr/> Mailing Address Po Box 5151 <hr/> City Buffalo State NY Zip Code 14240 <hr/> Purpose of Disbursement Newspaper Service Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BA0227A362C77486F904 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 4 / 2 0 0 8
	Amount of Each Disbursement this Period 16.00
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type
<b>B.</b> Full Name (Last, First, Middle Initial) National Democratic Club <hr/> Mailing Address 30 Ivy St. SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Event Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BDBA5FF94CE2746D08F8 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 0 8
	Amount of Each Disbursement this Period 2726.22
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type
<b>C.</b> Full Name (Last, First, Middle Initial) The New Jersey State Association Of Pipe Trades <hr/> Mailing Address 534 S. Rt 73 P.O. Box 73 <hr/> City Winslow State NJ Zip Code 08095-0073 <hr/> Purpose of Disbursement Event Sponsorship Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BC23D714911FB4E608E1 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 0 8
	Amount of Each Disbursement this Period 250.00
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type

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

2992.22

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

A.	Full Name (Last, First, Middle Initial) Matthew B. Montekio	Transaction ID: B197BCF80D85B43D2903
	Mailing Address 118 Flintlock Dr	Date of Disbursement 07 / 16 / 2008
	City Lakewood State NJ Zip Code 08701-4119	Amount of Each Disbursement this Period 100.55
	Purpose of Disbursement Cell Phone Reimbursement	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Frank J Lankey, Jr.	Transaction ID: B429D137198724A4BB65
	Mailing Address 3952 Park Ave	Date of Disbursement 07 / 16 / 2008
	City Edison State NJ Zip Code 08820-3010	Amount of Each Disbursement this Period 912.16
	Purpose of Disbursement Salary	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Matthew B. Montekio	Transaction ID: BA80BB30A3C044EABABF
	Mailing Address 118 Flintlock Dr	Date of Disbursement 07 / 16 / 2008
	City Lakewood State NJ Zip Code 08701-4119	Amount of Each Disbursement this Period 1551.87
	Purpose of Disbursement Salary	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2564.58</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 120 / 179

<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)  
Pallone for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Ceridian</p> <p>Mailing Address 4 Crossroads Drive Suite 100</p> <p>City Robbinsville State NJ Zip Code 08691-3374</p> <p>Purpose of Disbursement Taxes - Payroll Service</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BB21AA4E22ACB4227A7E</p> <p>Date of Disbursement 07 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 1032.42</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Quill Corp.</p> <p>Mailing Address Po Box 94081</p> <p>City Palatine State IL Zip Code 60094</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B0C34F78281B24F3E882</p> <p>Date of Disbursement 07 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 397.11</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Bank Of America</p> <p>Mailing Address 577 Broadway</p> <p>City Long Branch State NJ Zip Code 07740</p> <p>Purpose of Disbursement Stop Payment Fee</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B3273987120B84C5A951</p> <p>Date of Disbursement 07 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 30.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><b>1459.53</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) William A Beckhorn</p> <p>Mailing Address 400 Willow Ave</p> <p>City Long Branch State NJ Zip Code 07740-6058</p> <p>Purpose of Disbursement Custodial Services</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BCEC4EE0E19EE4A1D959</p> <p>Date of Disbursement 07 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 200.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Fairmont Washington DC</p> <p>Mailing Address 2401 M St NW</p> <p>City Washington State DC Zip Code 20037-1408</p> <p>Purpose of Disbursement Event Fee</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BB9074207670544009F5</p> <p>Date of Disbursement 07 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 1056.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Auburn Quad, Inc</p> <p>Mailing Address P.O. Box 390728</p> <p>City Cambridge State MA Zip Code 02139-0008</p> <p>Purpose of Disbursement Service Fee</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B9BBB03E1D6AC4B8AA13</p> <p>Date of Disbursement 07 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 9.88</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

1265.88

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Horizon Blue/c Blue/s Of Nj  Mailing Address Po Box 1738  City Newark State NJ Zip Code 07101  Purpose of Disbursement Health Insurance Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B7F956B438D25441786D Date of Disbursement 07 / 21 / 2008  Amount of Each Disbursement this Period 868.66  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Cavarocchi Ruscio Dennis Co.  Mailing Address 316 Mass. Ave. Se  City Washignton State DC Zip Code 20002  Purpose of Disbursement Rent Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B412AA24AAED7466AAA5 Date of Disbursement 07 / 21 / 2008  Amount of Each Disbursement this Period 287.96  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Carousel Industries  Mailing Address Box 849084  City Boston State MA Zip Code 02284-9084  Purpose of Disbursement Phone Repair Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BB8A17434C0BD46719FC Date of Disbursement 07 / 24 / 2008  Amount of Each Disbursement this Period 290.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1446.62</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address P.O. Box 4833</p> <p>City Albany State NY Zip Code 12212</p> <p>Purpose of Disbursement Cell Phone Service</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B5A9EBDE11FAB4422975</p> <p>Date of Disbursement 07 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 238.20</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Comcast</p> <p>Mailing Address Po Box 840</p> <p>City Newark State NJ Zip Code 07101</p> <p>Purpose of Disbursement TV Service</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B62CE515B2D3C463F81B</p> <p>Date of Disbursement 07 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 87.55</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Federal Express Corp.</p> <p>Mailing Address 200 Broadway</p> <p>City Long Branch State NJ Zip Code 07740</p> <p>Purpose of Disbursement Shipping Services</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BFDA89745E81D4F1784B</p> <p>Date of Disbursement 07 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 68.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

394.70

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Message &amp; Media</p> <p>Mailing Address 100 Albany St # 130</p> <p>City New Brunswick State NJ Zip Code 08901-1296</p> <p>Purpose of Disbursement Media Consulting</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B78735BF93A1F4408BA4</p> <p>Date of Disbursement 07 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Aristotle Int'l Inc.</p> <p>Mailing Address 200 Penn. Ave. SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Database Fee</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BFC6B9AF927D945F7A4F</p> <p>Date of Disbursement 07 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 3600.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Ceridian</p> <p>Mailing Address 4 Crossroads Drive Suite 100</p> <p>City Robbinsville State NJ Zip Code 08691-3374</p> <p>Purpose of Disbursement Taxes - Payroll Service</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B9A332BE996B54628A23</p> <p>Date of Disbursement 08 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 1019.62</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>8619.62</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Frank J Lankey, Jr.</p> <p>Mailing Address 3952 Park Ave</p> <p>City Edison State NJ Zip Code 08820-3010</p> <p>Purpose of Disbursement Salary</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B940886E1AB8442D897D</p> <p>Date of Disbursement 08 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 912.17</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Matthew B. Montekio</p> <p>Mailing Address 118 Flintlock Dr</p> <p>City Lakewood State NJ Zip Code 08701-4119</p> <p>Purpose of Disbursement Salary</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B4381962187764834A49</p> <p>Date of Disbursement 08 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 1557.60</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Auburn Quad, Inc</p> <p>Mailing Address P.O. Box 390728</p> <p>City Cambridge State MA Zip Code 02139-0008</p> <p>Purpose of Disbursement Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B40D50E9606E64D9892B</p> <p>Date of Disbursement 08 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 9.88</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

2479.65

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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)  
Pallone for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address Po Box 1270</p> <p>City Newark State NJ Zip Code 07101</p> <p>Purpose of Disbursement Credit Card Collection Fee</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BA68865B1F7864FE3AA8</p> <p>Date of Disbursement 08 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 5.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Chase Auto Finance</p> <p>Mailing Address Box 78101</p> <p>City Phoenix State AZ Zip Code 85062-8101</p> <p>Purpose of Disbursement Car Loan Payment</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B2B6F1F7AF2D843BA8F3</p> <p>Date of Disbursement 08 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 614.42</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Bruce W. Woolley</p> <p>Mailing Address PO Box 4088</p> <p>City Long Branch State NJ Zip Code 07740-4088</p> <p>Purpose of Disbursement Rent</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B9CEA0FC46ACB49D193E</p> <p>Date of Disbursement 08 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 2675.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

3295.37

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Pilgrim Baptist Church <hr/> Mailing Address 172 Shrewsbury Ave <hr/> City State Zip Code Red Bank NJ 07701-1227 <hr/> Purpose of Disbursement Donation Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B7A9F02B8E77B4BF39C1 Date of Disbursement MM / DD / YYYY 08 / 04 / 2008
	Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Progressive <hr/> Mailing Address Box 30108 <hr/> City State Zip Code Tampa FL 33630-3108 <hr/> Purpose of Disbursement Car Insurance Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> BA882451758274D1E9FF Date of Disbursement MM / DD / YYYY 08 / 05 / 2008
	Amount of Each Disbursement this Period 2858.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/ Type
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Verizon <hr/> Mailing Address Po Box 4833 <hr/> City State Zip Code Trenton NJ 08650 <hr/> Purpose of Disbursement Telephone Service Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B8DD2C2AC0CD141F2A56 Date of Disbursement MM / DD / YYYY 08 / 08 / 2008
	Amount of Each Disbursement this Period 1017.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/ Type
	Category/ Type

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

4125.72

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 128 / 179

<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)  
Pallone for Congress

A.	Full Name (Last, First, Middle Initial) Konica Business Technology <hr/> Mailing Address Po Box 41601 <hr/> City Philadelphia State PA Zip Code 19101 <hr/> Purpose of Disbursement Copier Lease Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BF4A57AA7845143518EA Date of Disbursement 08 / 08 / 2008 <hr/> Amount of Each Disbursement this Period 289.22 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Matthew B. Montekio <hr/> Mailing Address 118 Flintlock Dr <hr/> City Lakewood State NJ Zip Code 08701-4119 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B030684BEF52B4D1990B Date of Disbursement 08 / 14 / 2008 <hr/> Amount of Each Disbursement this Period 1557.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Frank J Lankey, Jr. <hr/> Mailing Address 3952 Park Ave <hr/> City Edison State NJ Zip Code 08820-3010 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BB21DB8E3FC794AE2B7D Date of Disbursement 08 / 14 / 2008 <hr/> Amount of Each Disbursement this Period 912.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

**2758.97**

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

A.	Full Name (Last, First, Middle Initial) Ceridian	Transaction ID: BEB554B4FEFED4EB91C
	Mailing Address 4 Crossroads Drive Suite 100	Date of Disbursement 08 / 14 / 2008
	City Robbinsville State NJ Zip Code 08691-3374	Amount of Each Disbursement this Period 1019.62
	Purpose of Disbursement Taxes - Payroll Service	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Ceridian	Transaction ID: B78608EAA625F4D959F7
	Mailing Address 4 Crossroads Drive Suite 100	Date of Disbursement 08 / 15 / 2008
	City Robbinsville State NJ Zip Code 08691-3374	Amount of Each Disbursement this Period 70.80
	Purpose of Disbursement Payroll Service Fee	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) William A Beckhorn	Transaction ID: BE1BE8C80366A46D3B2F
	Mailing Address 400 Willow Ave	Date of Disbursement 08 / 15 / 2008
	City Long Branch State NJ Zip Code 07740-6058	Amount of Each Disbursement this Period 200.00
	Purpose of Disbursement Custodial Services	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1290.42
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Auburn Quad, Inc</p> <p>Mailing Address P.O. Box 390728</p> <p>City Cambridge State MA Zip Code 02139-0008</p> <p>Purpose of Disbursement Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BB083A14748C9445B977</p> <p>Date of Disbursement 08 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 23.70</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Asbury Park Press</p> <p>Mailing Address Po Box 5151</p> <p>City Buffalo State NY Zip Code 14240</p> <p>Purpose of Disbursement Newspaper Service</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B40E88880AA2E4BEC88F</p> <p>Date of Disbursement 08 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 12.53</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Samson Self Storage</p> <p>Mailing Address 610 Joline Ave.</p> <p>City Long Branch State NJ Zip Code 07740-5839</p> <p>Purpose of Disbursement</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BCF5F836E016940119C9</p> <p>Date of Disbursement 08 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 208.65</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

244.88

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) The Hartford</p> <p>Mailing Address Po Box 2907</p> <p>City Hartford State CT Zip Code 06104</p> <p>Purpose of Disbursement Addtl. Workman's Comp</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BF98384BFDC9647129CA</p> <p>Date of Disbursement 08 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 539.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Federal Express Corp.</p> <p>Mailing Address 200 Broadway</p> <p>City Long Branch State NJ Zip Code 07740</p> <p>Purpose of Disbursement Shipping Services</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B21A01D6407B74946807</p> <p>Date of Disbursement 08 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 20.27</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Avis Rent A Car</p> <p>Mailing Address 1200 State Highway 34</p> <p>City Matawan State NJ Zip Code 07747</p> <p>Purpose of Disbursement Car Rental</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B8B0CBB5448B94DF297E</p> <p>Date of Disbursement 08 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 165.37</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>724.64</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Cavarocchi Ruscio Dennis Co. <hr/> Mailing Address 316 Mass. Ave. Se <hr/> City Washington State DC Zip Code 20002 Purpose of Disbursement Rent Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B104E728FD74147BA903 Date of Disbursement 08 / 21 / 2008
	Amount of Each Disbursement this Period 250.00
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type
<b>B.</b> Full Name (Last, First, Middle Initial) Ancient Order of Hibernians <hr/> Mailing Address P.O. Box 2055 <hr/> City Red Bank State NJ Zip Code 07701 Purpose of Disbursement Ad Journal Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BD1449A1CA9604639848 Date of Disbursement 08 / 21 / 2008
	Amount of Each Disbursement this Period 125.00
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type
<b>C.</b> Full Name (Last, First, Middle Initial) Comcast <hr/> Mailing Address Po Box 840 <hr/> City Newark State NJ Zip Code 07101 Purpose of Disbursement TV Service Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BF98B978016E14C20931 Date of Disbursement 08 / 21 / 2008
	Amount of Each Disbursement this Period 87.55
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type

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

462.55

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

A.	Full Name (Last, First, Middle Initial) Horizon Blue/c Blue/s Of Nj Mailing Address Po Box 1738 City Newark State NJ Zip Code 07101 Purpose of Disbursement Health Insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B38A21525CE3A4818B47 Date of Disbursement 08 / 21 / 2008 Amount of Each Disbursement this Period 868.66 <input type="checkbox"/> 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 4833 City Trenton State NJ Zip Code 08650 Purpose of Disbursement Cell Phone Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BE58444E2D99B4C9F980 Date of Disbursement 08 / 24 / 2008 Amount of Each Disbursement this Period 215.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Ceridian Mailing Address 4 Crossroads Drive Suite 100 City Robbinsville State NJ Zip Code 08691-3374 Purpose of Disbursement Taxes - Payroll Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B272114F4884942B7ACE Date of Disbursement 09 / 01 / 2008 Amount of Each Disbursement this Period 1019.62 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2103.62
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 134 / 179

<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)  
Pallone for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Frank J Lankey, Jr.</p> <p>Mailing Address 3952 Park Ave</p> <p>City Edison State NJ Zip Code 08820-3010</p> <p>Purpose of Disbursement Salary</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B88A3050737704993BA3</p> <p>Date of Disbursement 09 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 912.15</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Matthew B. Montekio</p> <p>Mailing Address 118 Flintlock Dr</p> <p>City Lakewood State NJ Zip Code 08701-4119</p> <p>Purpose of Disbursement Salary</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B39C5B886D14246C99F2</p> <p>Date of Disbursement 09 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 1557.58</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Auburn Quad, Inc</p> <p>Mailing Address P.O. Box 390728</p> <p>City Cambridge State MA Zip Code 02139-0008</p> <p>Purpose of Disbursement Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BE58329830E8948E08D1</p> <p>Date of Disbursement 09 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 19.75</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><b>2489.48</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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)  
Pallone for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Joseph Turpin</p> <p>Mailing Address 40 Hobart Manor</p> <p>City Long Branch State NJ Zip Code 07740-7447</p> <p>Purpose of Disbursement Casual Labor</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B9C1424A4A9F4466EBD3</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Bruce W. Woolley</p> <p>Mailing Address PO Box 4088</p> <p>City Long Branch State NJ Zip Code 07740-4088</p> <p>Purpose of Disbursement Rent</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B41D9752CFBD24CAC967</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2675.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Bedrock Cafe</p> <p>Mailing Address 400 Main Street</p> <p>City Avon By The Sea State NJ Zip Code 07717-1016</p> <p>Purpose of Disbursement Catering Fees</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B1420FEE1F9F54083B19</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="952.50"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="3727.50"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Carousel Industries</p> <p>Mailing Address Box 849084</p> <p>City Boston State MA Zip Code 02284-9084</p> <p>Purpose of Disbursement Phone Repair</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BDC76D0B062B044B8B8E</p> <p>Date of Disbursement 09 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 216.88</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Message &amp; Media</p> <p>Mailing Address 100 Albany St # 130</p> <p>City New Brunswick State NJ Zip Code 08901-1296</p> <p>Purpose of Disbursement Media Consulting</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B99F4EED4EC7F41619AC</p> <p>Date of Disbursement 09 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Monmouth University</p> <p>Mailing Address 400 Cedar Avenue</p> <p>City West Long Branch State NJ Zip Code 07764</p> <p>Purpose of Disbursement Spring Awards Ceremony Space &amp; Supplies</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B6CC4DF14CECE4D1A912</p> <p>Date of Disbursement 09 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 1188.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

5404.88

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

A.

Full Name (Last, First, Middle Initial)  
Chase Auto Finance

Mailing Address Box 78101

City Phoenix State AZ Zip Code 85062-8101

Purpose of Disbursement  
Car Loan Payment

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  Other (specify) ▼

State: District:

Transaction ID: BBA9A153382914F76ADC  
Date of Disbursement

09 / 03 / 2008

Amount of Each Disbursement this Period

614.42

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

B.

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

Mailing Address Po Box 1270

City Newark State NJ Zip Code 07101

Purpose of Disbursement  
Credit Card Collection Fee

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  Other (specify) ▼

State: District:

Transaction ID: BCEA55FD8442F48CD8A3  
Date of Disbursement

09 / 03 / 2008

Amount of Each Disbursement this Period

5.95

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

C.

Full Name (Last, First, Middle Initial)  
Bank Of America

Mailing Address 577 Broadway

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement  
Check Order Fee

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  Other (specify) ▼

State: District:

Transaction ID: BC7CF93087A61483CA52  
Date of Disbursement

09 / 04 / 2008

Amount of Each Disbursement this Period

40.00

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

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

660.37

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 138 / 179

<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)  
Pallone for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Royal Printing Service <hr/> Mailing Address Po Box 1000 <hr/> City W. New York State NJ Zip Code 07093 <hr/> Purpose of Disbursement Mail Piece Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B7B525319E19F4C2F871 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 4 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 862.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Auburn Quad, Inc <hr/> Mailing Address P.O. Box 390728 <hr/> City Cambridge State MA Zip Code 02139-0008 <hr/> Purpose of Disbursement Service Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B70245F79F56E46F2B25 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 112.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Konica Business Technology <hr/> Mailing Address Po Box 41601 <hr/> City Philadelphia State PA Zip Code 19101 <hr/> Purpose of Disbursement Copier Lease Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BA877F89FC2D143279B4 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 9 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 289.22 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

1264.55

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address Po Box 4833</p> <p>City Trenton State NJ Zip Code 08650</p> <p>Purpose of Disbursement Phone Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p><b>Transaction ID:</b> B17F558F7FFC547A3863</p> <p>Date of Disbursement 09 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 1020.02</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Cash</p> <p>Mailing Address 495 Broadway</p> <p>City Long Branch State NJ Zip Code 07740</p> <p>Purpose of Disbursement Replenish Petty Cash</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p><b>Transaction ID:</b> B5A3FDA0DBF754806BD0</p> <p>Date of Disbursement 09 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 200.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Women Helping Women</p> <p>Mailing Address 224 Main Street</p> <p>City Metuchen State NJ Zip Code 08840-2728</p> <p>Purpose of Disbursement Ad Journal</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p><b>Transaction ID:</b> B5613FA7A0D3043B8BF2</p> <p>Date of Disbursement 09 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 400.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1620.02
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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)  
Pallone for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Prof. Firefighters Assn. Of Nj</p> <p>Mailing Address 25 W. Lafayette St.</p> <p>City Trenton State NJ Zip Code 08608</p> <p>Purpose of Disbursement Ad Journal</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> B378DA096E347456BBC1</p> <p>Date of Disbursement 09 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 280.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Sandy Hook Friends of St. Barnabas Burn Foundation</p> <p>Mailing Address Box 559 Gateway National Recreation Area</p> <p>City Highlands State NJ Zip Code 07732-0559</p> <p>Purpose of Disbursement Ad Journal</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> BF5858D1FD7F04A8EB4C</p> <p>Date of Disbursement 09 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Ceridian</p> <p>Mailing Address 4 Crossroads Drive Suite 100</p> <p>City Robbinsville State NJ Zip Code 08691-3374</p> <p>Purpose of Disbursement Payroll Service Fee</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> B23E60E4322BA44F4A75</p> <p>Date of Disbursement 09 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 70.80</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

650.80

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

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

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

FOR LINE NUMBER: (check only one)

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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)  
Pallone for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Auburn Quad, Inc</p> <p>Mailing Address P.O. Box 390728</p> <p>City Cambridge State MA Zip Code 02139-0008</p> <p>Purpose of Disbursement Service Fee 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B048C5FA36E3A41A49E5</p> <p>Date of Disbursement 09 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 19.75</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Royal Printing Service</p> <p>Mailing Address Po Box 1000</p> <p>City W. New York State NJ Zip Code 07093</p> <p>Purpose of Disbursement Event Invites 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B3CF415D4F947488F9BB</p> <p>Date of Disbursement 09 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 597.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Ceridian</p> <p>Mailing Address 4 Crossroads Drive Suite 100</p> <p>City Robbinsville State NJ Zip Code 08691-3374</p> <p>Purpose of Disbursement Taxes - Payroll Service 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B603E71B1F9BD4DF7BFC</p> <p>Date of Disbursement 09 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 1019.62</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

1636.87

**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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<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)  
Pallone for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Asbury Park Press</p> <p>Mailing Address Po Box 5151</p> <p>City Buffalo State NY Zip Code 14240</p> <p>Purpose of Disbursement Newspaper Service</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B36A40432892441D0978</p> <p>Date of Disbursement 09 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 17.39</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Frank J Lankey, Jr.</p> <p>Mailing Address 3952 Park Ave</p> <p>City Edison State NJ Zip Code 08820-3010</p> <p>Purpose of Disbursement Salary</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BCE8BD49B2CAE4E7AAC6</p> <p>Date of Disbursement 09 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 912.17</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Matthew B. Montekio</p> <p>Mailing Address 118 Flintlock Dr</p> <p>City Lakewood State NJ Zip Code 08701-4119</p> <p>Purpose of Disbursement Salary</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B6287D102076B4CC29B4</p> <p>Date of Disbursement 09 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 1557.58</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><b>2487.14</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) William A Beckhorn</p> <p>Mailing Address 400 Willow Ave</p> <p>City Long Branch State NJ Zip Code 07740-6058</p> <p>Purpose of Disbursement Custodial Services</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B9594EB03D33D4332A9F</p> <p>Date of Disbursement 09 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 200.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) New Jersey Jewish News</p> <p>Mailing Address 901 Rt 10</p> <p>City Whippany State NJ Zip Code 07999</p> <p>Purpose of Disbursement Ad Journal</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BEC391FF2631443DBACB</p> <p>Date of Disbursement 09 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 155.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Samson Self Storage</p> <p>Mailing Address 610 Joline Ave.</p> <p>City Long Branch State NJ Zip Code 07740-5839</p> <p>Purpose of Disbursement Storage Unit</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B13A6D28D1A254683A0E</p> <p>Date of Disbursement 09 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 208.65</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

563.65

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Federal Express Corp.</p> <p>Mailing Address 200 Broadway</p> <p>City Long Branch State NJ Zip Code 07740</p> <p>Purpose of Disbursement Shipping Services</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B53E5B178A27143E2902</p> <p>Date of Disbursement 09 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 318.06</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Taylor Rental</p> <p>Mailing Address 787 Susquehanna Ave</p> <p>City Franklin Lakes State NJ Zip Code 07417-1321</p> <p>Purpose of Disbursement Event Equipment Rental</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B982813383B9A4C0790E</p> <p>Date of Disbursement 09 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 322.08</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Auburn Quad, Inc</p> <p>Mailing Address P.O. Box 390728</p> <p>City Cambridge State MA Zip Code 02139-0008</p> <p>Purpose of Disbursement Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BA63B7D3202194183BD0</p> <p>Date of Disbursement 09 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 195.54</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>835.68</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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)  
Pallone for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Carousel Restaurant <hr/> Mailing Address 304 N Brand Blvd <hr/> City Glendale State CA Zip Code 91203-2304 <hr/> Purpose of Disbursement Event Fee - Food & Beverage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B2C7F9D6CADD04B2C83C <b>Date of Disbursement</b> <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>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	2		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y											
	0	9		2	2		2	0	0	8											
	Amount of Each Disbursement this Period <table border="1"> <tr> <td>555.50</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	555.50	<input type="checkbox"/> Category/ Type																		
555.50																					
<b>B.</b> Full Name (Last, First, Middle Initial) Verizon Wireless <hr/> Mailing Address P.O. Box 4833 <hr/> City Albany State NY Zip Code 12212 <hr/> Purpose of Disbursement Cell Phone Service Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B0CA845AE22004FD880E <b>Date of Disbursement</b> <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>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	2		2	0	0	8												
Amount of Each Disbursement this Period <table border="1"> <tr> <td>218.60</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	218.60	<input type="checkbox"/> Category/ Type																			
218.60																					
<b>C.</b> Full Name (Last, First, Middle Initial) Horizon Blue/c Blue/s Of Nj <hr/> Mailing Address Po Box 1738 <hr/> City Newark State NJ Zip Code 07101 <hr/> Purpose of Disbursement Health Insurance Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B6101E22843FD4DFD89F <b>Date of Disbursement</b> <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>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	2		2	0	0	8												
Amount of Each Disbursement this Period <table border="1"> <tr> <td>868.66</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	868.66	<input type="checkbox"/> Category/ Type																			
868.66																					

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1642.76</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Comcast</p> <p>Mailing Address Po Box 840</p> <p>City Newark State NJ Zip Code 07101</p> <p>Purpose of Disbursement TV Service</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B736599A32F7C4EA381C</p> <p>Date of Disbursement 09 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 87.55</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Aristotle Int'l Inc.</p> <p>Mailing Address 200 Penn. Ave. SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Database Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B8831B1B23BA54820851</p> <p>Date of Disbursement 09 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 1800.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Cavarocchi Ruscio Dennis Co.</p> <p>Mailing Address 316 Mass. Ave. Se</p> <p>City Washignton State DC Zip Code 20002</p> <p>Purpose of Disbursement Rent</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B674BB9D642E6460AB71</p> <p>Date of Disbursement 09 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 1414.14</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

3301.69

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

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

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

FOR LINE NUMBER: (check only one)

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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)  
Pallone for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Celtic Tavern</p> <p>Mailing Address 1801 Blake Street</p> <p>City Denver State CO Zip Code 80202-1227</p> <p>Purpose of Disbursement Event Fees - Food &amp; Beverage</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B5FEE6D0E6AF84B299DF</p> <p>Date of Disbursement 09 / 26 / 2008</p> <p>Amount of Each Disbursement this Period 9478.38</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Joan Dancy &amp; P.A.L.S Support Group</p> <p>Mailing Address 390 East Main St.</p> <p>City Manasquan State NJ Zip Code 08736</p> <p>Purpose of Disbursement Event Tickets</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B470949D5856A4CA69B5</p> <p>Date of Disbursement 09 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 350.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Auburn Quad, Inc</p> <p>Mailing Address P.O. Box 390728</p> <p>City Cambridge State MA Zip Code 02139-0008</p> <p>Purpose of Disbursement Service Fee</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B3AE58E9B25D847998F1</p> <p>Date of Disbursement 09 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 199.53</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

10027.91

**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 Detailed Summary Page

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

A.	Full Name (Last, First, Middle Initial) Paul David Partywares  Mailing Address 60 Riordan Pl.  City Shrewsbury State NJ Zip Code 07702  Purpose of Disbursement Event Equipment Rental Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BC35C209FF6D342BE9FB Date of Disbursement 09 / 30 / 2008  Amount of Each Disbursement this Period 2487.23  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Us Postmaster  Mailing Address 137 Brighton Ave.  City Long Branch State NJ Zip Code 07740  Purpose of Disbursement PO Box Rental Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BEA546B498B55443290F Date of Disbursement 09 / 30 / 2008  Amount of Each Disbursement this Period 94.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Latino American Association of Monmouth County, Inc  Mailing Address Box 357  City Long Branch State NJ Zip Code 07740-0357  Purpose of Disbursement Event Tickets & Ad Journal Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B0692F706B9114A2F95B Date of Disbursement 09 / 30 / 2008  Amount of Each Disbursement this Period 280.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

2861.23

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Kessler's Catering</p> <p>Mailing Address 1195 Lincoln Square, Box 3259</p> <p>City Elberon State NJ Zip Code 07740</p> <p>Purpose of Disbursement Event Fee - Food &amp; Beverage</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B87ECB45B313D4CF5A17</p> <p>Date of Disbursement 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 5275.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Bruce W. Woolley</p> <p>Mailing Address PO Box 4088</p> <p>City Long Branch State NJ Zip Code 07740-4088</p> <p>Purpose of Disbursement Rent</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B42B388193DFD49D095E</p> <p>Date of Disbursement 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 2675.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Chase Auto Finance</p> <p>Mailing Address Box 78101</p> <p>City Phoenix State AZ Zip Code 85062-8101</p> <p>Purpose of Disbursement Car Loan Payment</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B75F909F2C8E5450598F</p> <p>Date of Disbursement 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 614.42</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>8564.42</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address Po Box 4833</p> <p>City Trenton State NJ Zip Code 08650</p> <p>Purpose of Disbursement Phone Service</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BBB3CC8E7C94D420FAD6</p> <p>Date of Disbursement 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1027.25</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Royal Printing Service</p> <p>Mailing Address Po Box 1000</p> <p>City W. New York State NJ Zip Code 07093</p> <p>Purpose of Disbursement Mail Piece/Event Invites</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BBA57CB25FBF4442CBE1</p> <p>Date of Disbursement 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1727.04</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Message &amp; Media</p> <p>Mailing Address 100 Albany St # 130</p> <p>City New Brunswick State NJ Zip Code 08901-1296</p> <p>Purpose of Disbursement Cable Media Buy</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B5C4295B4AC3C41FF9C0</p> <p>Date of Disbursement 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 189015.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

191769.29

**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)

<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)  
Pallone for Congress

A.	Full Name (Last, First, Middle Initial) Konica Business Technology <hr/> Mailing Address Po Box 41601 <hr/> City Philadelphia State PA Zip Code 19101 Purpose of Disbursement Copier Lease Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B599A94C94A3449BB9AC Date of Disbursement 09 / 30 / 2008 <hr/> Amount of Each Disbursement this Period 289.22 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Monmouth Medical Center <hr/> Mailing Address 300 Second Ave. <hr/> City Long Branch State NJ Zip Code 07740 Purpose of Disbursement Tickets Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B2A42D9BA017D45FB9D0 Date of Disbursement 07 / 25 / 2008 <hr/> Amount of Each Disbursement this Period 175.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
C.	Full Name (Last, First, Middle Initial) Staples <hr/> Mailing Address 310 State Route 36 # 310 <hr/> City West Long Branch State NJ Zip Code 07764-1027 Purpose of Disbursement Office Supplies Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B2DC10F34731C4B408C6 Date of Disbursement 08 / 06 / 2008 <hr/> Amount of Each Disbursement this Period 42.79 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

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

289.22

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Us Postal Service</p> <p>Mailing Address 60 Third Ave. Business Mail Entry Unit</p> <p>City Long Branch State NJ Zip Code 07740</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BF5064E8FCA2E4483A92</p> <p>Date of Disbursement 08 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 336.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address Po Box 1270</p> <p>City Newark State NJ Zip Code 07101</p> <p>Purpose of Disbursement Credit Card Payment</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BD49B0DE280C443F1852</p> <p>Date of Disbursement 09 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 6848.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Nj E-z Pass</p> <p>Mailing Address 375 Mccarter Hwy</p> <p>City Newark State NJ Zip Code 07714</p> <p>Purpose of Disbursement Auto Tolls</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B7F031BC6BEFD4C4F882</p> <p>Date of Disbursement 07 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 130.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>

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

6848.95

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Hyatt Summerfield Suites Denver Tech Center</p> <p>Mailing Address 9280 E Costilla Avenue</p> <p>City Greenwood Village State CO Zip Code 80112-3628</p> <p>Purpose of Disbursement Lodging</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B25DFDD0C1AE946A9A54</p> <p>Date of Disbursement 07 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1263.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jiffy Lube</p> <p>Mailing Address 210 Hwy 36</p> <p>City W. Long Branch State NJ Zip Code 07764</p> <p>Purpose of Disbursement Auto Services</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BDE78D5B894DF4E008D0</p> <p>Date of Disbursement 08 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 35.30</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Watchung Spring Water</p> <p>Mailing Address 1900 Swarthmore Ave.</p> <p>City Lakewood State NJ Zip Code 08701</p> <p>Purpose of Disbursement Bottled Water</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B90C87CADCF2348959A8</p> <p>Date of Disbursement 08 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 47.93</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></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**

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FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

A.	Full Name (Last, First, Middle Initial) Continental Airlines	Transaction ID: B92AA513FE5BD465B962
	Mailing Address 740 Lloyd Rd.	Date of Disbursement 08 / 05 / 2008
	City Matawan State NJ Zip Code 07747	Amount of Each Disbursement this Period 324.00
	Purpose of Disbursement Airfare	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	<b>[MEMO ITEM]</b>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Amtrak	Transaction ID: BEE1C5D35577A42CDBF3
	Mailing Address Union Station	Date of Disbursement 08 / 05 / 2008
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period 84.00
	Purpose of Disbursement Train Ticket	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	<b>[MEMO ITEM]</b>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Shell Station	Transaction ID: B04C3BAF6BE5E48318DC
	Mailing Address Main St.	Date of Disbursement 08 / 05 / 2008
	City Ocean State NJ Zip Code 07712	Amount of Each Disbursement this Period 55.42
	Purpose of Disbursement Gasoline	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	<b>[MEMO ITEM]</b>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

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

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

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Us Postal Service</p> <p>Mailing Address 60 Third Ave. Business Mail Entry Unit</p> <p>City Long Branch State NJ Zip Code 07740</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B38CFD6D7BBF14020BCC</p> <p>Date of Disbursement 08 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 84.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Lukoil</p> <p>Mailing Address Milepost 1241 Median S</p> <p>City South Amboy State NJ Zip Code 08878</p> <p>Purpose of Disbursement Gasoline</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BDAD7B338F23D4FBCB4E</p> <p>Date of Disbursement 08 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 59.34</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Foodtown Of West End</p> <p>Mailing Address 150 West End Ct.</p> <p>City Long Branch State NJ Zip Code 07740</p> <p>Purpose of Disbursement Sundries</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BB16807BDB81644DC85B</p> <p>Date of Disbursement 08 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 8.97</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address Main St.</p> <p>City San Jose State CA Zip Code 95101</p> <p>Purpose of Disbursement Professional Services</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B2A076249796243B4905</p> <p>Date of Disbursement 08 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 74.05</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Lukoil</p> <p>Mailing Address Milepost 1241 Median S</p> <p>City South Amboy State NJ Zip Code 08878</p> <p>Purpose of Disbursement Gasoline</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BC90C6781DF74447D895</p> <p>Date of Disbursement 08 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 71.01</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Us Postal Service</p> <p>Mailing Address 60 Third Ave. Business Mail Entry Unit</p> <p>City Long Branch State NJ Zip Code 07740</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B9A26FB7CC3224DD69A6</p> <p>Date of Disbursement 08 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 126.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

A.

Full Name (Last, First, Middle Initial)  
Lukoil

Mailing Address Milepost 1241 Median S

City State Zip Code  
South Amboy NJ 08878

Purpose of Disbursement  
Gasoline

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B8107DC9719A84F1A9B6  
Date of Disbursement

08 / 15 / 2008

Amount of Each Disbursement this Period

69.71

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 310 State Route 36 # 310

City State Zip Code  
West Long Branch NJ 07764-1027

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: B9CC5455EE95946B7A67  
Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

98.18

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
The Home Depot

Mailing Address 310 Hwy 36

City State Zip Code  
W. Long Branch NJ 07764

Purpose of Disbursement  
Supplies, Tools, Hardware

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: BB5FD99C99F60478B9AA  
Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

347.30

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

[MEMO ITEM]

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

0.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

A.

Full Name (Last, First, Middle Initial)  
Fairmont Hotel

Mailing Address 138 Saint James Ave

City State Zip Code  
Boston MA 02116-5002

Purpose of Disbursement  
Lodging

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B3CAD1F35A8414325ADF  
Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

403.69

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
Lukoil

Mailing Address Milepost 1241 Median S

City State Zip Code  
South Amboy NJ 08878

Purpose of Disbursement  
Gasoline

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B000D7DD52F2344A3875  
Date of Disbursement

08 / 19 / 2008

Amount of Each Disbursement this Period

72.41

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
Us Postal Service

Mailing Address 60 Third Ave.  
Business Mail Entry Unit

City State Zip Code  
Long Branch NJ 07740

Purpose of Disbursement  
Postage

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B700BF04EFFFD4BAAB13  
Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

5.90

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 Page

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Lukoil</p> <p>Mailing Address 570 Joline Ave.</p> <p>City Long Branch State NJ Zip Code 07740</p> <p>Purpose of Disbursement Gasoline</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B4F71B20E97A743DE8B4</p> <p>Date of Disbursement 08 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 57.32</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) The Inverness Hotel and Conference Center</p> <p>Mailing Address 200 Inverness Drive West</p> <p>City Englewood State CO Zip Code 80112-5200</p> <p>Purpose of Disbursement Lodging</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B32591F5EE6724942ABD</p> <p>Date of Disbursement 08 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 322.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) The Inverness Hotel and Conference Center</p> <p>Mailing Address 200 Inverness Drive West</p> <p>City Englewood State CO Zip Code 80112-5200</p> <p>Purpose of Disbursement Food &amp; Beverage</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B44842473A43B453AABD</p> <p>Date of Disbursement 08 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 120.26</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>

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

0.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Sullivan's Steakhouse</p> <p>Mailing Address 1745 Wazee St</p> <p>City Denver State CO Zip Code 80202-5967</p> <p>Purpose of Disbursement Food &amp; Beverage</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BD5FC22963B564364BA5</p> <p>Date of Disbursement 08 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 377.55</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Dollar Rent A Car</p> <p>Mailing Address Denver International Airport</p> <p>City Denver State CO Zip Code 80249</p> <p>Purpose of Disbursement Rental Car</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B7EC326CE890044B7974</p> <p>Date of Disbursement 08 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 733.24</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Us Postal Service</p> <p>Mailing Address 60 Third Ave. Business Mail Entry Unit</p> <p>City Long Branch State NJ Zip Code 07740</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B5F8329C8EFF24BCB89C</p> <p>Date of Disbursement 08 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 84.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address Po Box 1270</p> <p>City Newark State NJ Zip Code 07101</p> <p>Purpose of Disbursement Credit Card Payment</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B5DCB2CE4E67D4CA592A</p> <p>Date of Disbursement 07 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 9146.14</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Lukoil</p> <p>Mailing Address Milepost 1241 Median S</p> <p>City South Amboy State NJ Zip Code 08878</p> <p>Purpose of Disbursement Gasoline</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B830D3F24BB0A432B9B1</p> <p>Date of Disbursement 06 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 58.25</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) 1-800-flowers</p> <p>Mailing Address 1600 Stewart Ave.</p> <p>City Westbury State NY Zip Code 11590</p> <p>Purpose of Disbursement Flowers</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BE6EF47C2A8A240728F2</p> <p>Date of Disbursement 06 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 63.98</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>9146.14</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p>.....</p>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Us Postal Service</p> <p>Mailing Address 60 Third Ave. Business Mail Entry Unit</p> <p>City Long Branch State NJ Zip Code 07740</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BDA02626F23774BB9AFB</p> <p>Date of Disbursement 06 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 12.60</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Foodtown Of West End</p> <p>Mailing Address 150 West End Ct.</p> <p>City Long Branch State NJ Zip Code 07740</p> <p>Purpose of Disbursement Food, Beverage, and Sundries</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B77F05A8435D946EF8CA</p> <p>Date of Disbursement 06 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 51.59</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Hampton Inn Wilmington-Newark</p> <p>Mailing Address 3 Concord Lane</p> <p>City Newark State DE Zip Code 19713-3577</p> <p>Purpose of Disbursement Lodging</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BD3994F4DBCCD431FBDC</p> <p>Date of Disbursement 06 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 135.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 163 / 179

<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)  
Pallone for Congress

A.	Full Name (Last, First, Middle Initial) Hampton Inn Wilmington-Newark Mailing Address 3 Concord Lane City Newark State DE Zip Code 19713-3577 Purpose of Disbursement Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B011E68C9E65C4F208B3 Date of Disbursement 06 / 04 / 2008 Amount of Each Disbursement this Period 135.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
B.	Full Name (Last, First, Middle Initial) Us Postal Service Mailing Address 60 Third Ave. Business Mail Entry Unit City Long Branch State NJ Zip Code 07740 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BEAC6023E995A467DBB1 Date of Disbursement 06 / 05 / 2008 Amount of Each Disbursement this Period 126.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
C.	Full Name (Last, First, Middle Initial) Tuzzio's Italian Cuisine Mailing Address 224 Westwood Ave. City Long Branch State NJ Zip Code 07740 Purpose of Disbursement Food & Beverage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B93D833D91BC94179A34 Date of Disbursement 06 / 09 / 2008 Amount of Each Disbursement this Period 381.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

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

0.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

A.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: B7FB27D175FC94CF4B19
	Mailing Address 310 State Route 36 # 310	Date of Disbursement 06 / 11 / 2008
	City West Long Branch State NJ Zip Code 07764-1027	Amount of Each Disbursement this Period 56.71
	Purpose of Disbursement Office Supplies	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	<b>[MEMO ITEM]</b>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: B53333E7CE22A4EAEA38
	Mailing Address 310 State Route 36 # 310	Date of Disbursement 06 / 12 / 2008
	City West Long Branch State NJ Zip Code 07764-1027	Amount of Each Disbursement this Period 229.19
	Purpose of Disbursement Office Supplies	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	<b>[MEMO ITEM]</b>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: BA2503F4640BA4CE6A55
	Mailing Address Main St.	Date of Disbursement 06 / 12 / 2008
	City San Jose State CA Zip Code 95101	Amount of Each Disbursement this Period 74.05
	Purpose of Disbursement Professional Services	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	<b>[MEMO ITEM]</b>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Dutch Mill Catering</p> <p>Mailing Address 2335 Bladensburg Rd NE</p> <p>City Washington State DC Zip Code 20018-1410</p> <p>Purpose of Disbursement Food &amp; Beverage</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BBE9F60DB2A5D4F75AE1</p> <p>Date of Disbursement 06 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 291.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) 1-800-flowers</p> <p>Mailing Address 1600 Stewart Ave.</p> <p>City Westbury State NY Zip Code 11590</p> <p>Purpose of Disbursement Flowers</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BC207D190E9DB4A13B74</p> <p>Date of Disbursement 06 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 62.98</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Firestone Complete Auto Care: West Long Branch</p> <p>Mailing Address State Route 36 &amp; State Rte 71</p> <p>City West Long Branch State NJ Zip Code 07764</p> <p>Purpose of Disbursement Auto Repair</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B204323E80A6344F09CB</p> <p>Date of Disbursement 06 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 1811.30</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>

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

0.00

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



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

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

FOR LINE NUMBER: (check only one)

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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)  
Pallone for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Continental Airlines</p> <p>Mailing Address 740 Lloyd Rd.</p> <p>City Matawan State NJ Zip Code 07747</p> <p>Purpose of Disbursement Return Airfare - DNC</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BA8C5A0F709784F53922</p> <p>Date of Disbursement 06 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 299.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Continental Airlines</p> <p>Mailing Address 740 Lloyd Rd.</p> <p>City Matawan State NJ Zip Code 07747</p> <p>Purpose of Disbursement Return Airfare - DNC</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B7B27017A1E6F439C9AE</p> <p>Date of Disbursement 06 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 299.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Continental Airlines</p> <p>Mailing Address 740 Lloyd Rd.</p> <p>City Matawan State NJ Zip Code 07747</p> <p>Purpose of Disbursement Airfare - Dem. Natl. Convention</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BAD83AEE993084DA9B71</p> <p>Date of Disbursement 06 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 499.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>

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

0.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Continental Airlines</p> <p>Mailing Address 740 Lloyd Rd.</p> <p>City Matawan State NJ Zip Code 07747</p> <p>Purpose of Disbursement Return Airfare - DNC</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BB7F220755E264810815</p> <p>Date of Disbursement 06 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 299.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Continental Airlines</p> <p>Mailing Address 740 Lloyd Rd.</p> <p>City Matawan State NJ Zip Code 07747</p> <p>Purpose of Disbursement Airfare - Dem. Natl. Convention</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B6D2A381F31494F81BBE</p> <p>Date of Disbursement 06 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 827.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Continental Airlines</p> <p>Mailing Address 740 Lloyd Rd.</p> <p>City Matawan State NJ Zip Code 07747</p> <p>Purpose of Disbursement Airfare - Dem. Natl. Convention</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BF71A3F0C7F684A54AD4</p> <p>Date of Disbursement 06 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 827.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>

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

0.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Continental Airlines  Mailing Address 740 Lloyd Rd.  City Matawan State NJ Zip Code 07747 Purpose of Disbursement Airfare - Dem. Natl. Convention Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B8F1F05DDC713475E807 Date of Disbursement 06 / 23 / 2008  Amount of Each Disbursement this Period 827.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) Us Postal Service  Mailing Address 60 Third Ave. Business Mail Entry Unit  City Long Branch State NJ Zip Code 07740 Purpose of Disbursement Postage Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BB7ED467207344876A3A Date of Disbursement 06 / 25 / 2008  Amount of Each Disbursement this Period 16.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) Nj E-z Pass  Mailing Address 375 Mccarter Hwy  City Newark State NJ Zip Code 07714 Purpose of Disbursement Auto Tolls Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B55DE1573E361470EA82 Date of Disbursement 06 / 25 / 2008  Amount of Each Disbursement this Period 130.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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)  
Pallone for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Exxon Mobile Mailing Address 590 Broadway City Long Branch State NJ Zip Code 07740 Purpose of Disbursement Gasoline Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: B32B22EFAAAE84238894 Date of Disbursement 06 / 28 / 2008
	Amount of Each Disbursement this Period 59.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

<b>B.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address Po Box 1270 City Newark State NJ Zip Code 07101 Purpose of Disbursement Membership Renewal Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: B14FBC81162F641FDAAD Date of Disbursement 06 / 29 / 2008
	Amount of Each Disbursement this Period 35.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

<b>C.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address Po Box 1270 City Newark State NJ Zip Code 07101 Purpose of Disbursement Credit Card Payment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: BBFBB2476F39C475CABC Date of Disbursement 08 / 14 / 2008
	Amount of Each Disbursement this Period 5632.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5632.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Hilton Newark Penn Station <hr/> Mailing Address 1 Gateway Center <hr/> City Newark State NJ Zip Code 07102-5315 <hr/> Purpose of Disbursement Lodging Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> BB243AD90D1E146BEBBB <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 8
	Amount of Each Disbursement this Period 271.60
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Sunoco Station <hr/> Mailing Address 248 Norwood Ave. <hr/> City Long Branch State NJ Zip Code 07740 <hr/> Purpose of Disbursement Gasoline Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B3882002772F94549BF8 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 8
	Amount of Each Disbursement this Period 42.00
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Firestone Complete Auto Care: West Long Branch <hr/> Mailing Address State Route 36 & State Rte 71 <hr/> City West Long Branch State NJ Zip Code 07764 <hr/> Purpose of Disbursement Auto Repair Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B69A786BFF9BE4FBE84F <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 223.24
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Foodtown Of West End</p> <p>Mailing Address 150 West End Ct.</p> <p>City Long Branch State NJ Zip Code 07740</p> <p>Purpose of Disbursement Food &amp; Beverage</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BC5860807321F4CAFA59</p> <p>Date of Disbursement 07 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 9.49</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Dunkin Donuts</p> <p>Mailing Address Broadway</p> <p>City W. Long Branch State NJ Zip Code 07764</p> <p>Purpose of Disbursement Food</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B04C0CF2FCBBB43D29E9</p> <p>Date of Disbursement 07 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 16.04</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Us Postal Service</p> <p>Mailing Address 60 Third Ave. Business Mail Entry Unit</p> <p>City Long Branch State NJ Zip Code 07740</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B7F496C2D18654AD4829</p> <p>Date of Disbursement 07 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 3.65</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 173 / 179

<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)  
Pallone for Congress

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

Mailing Address 570 Joline Ave.

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement Gasoline

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

Transaction ID: B7FAAB3E358FE46F3AAF  
Date of Disbursement 07 / 08 / 2008

Amount of Each Disbursement this Period 60.02

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

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
Chrysler Schwartz & Sons

Mailing Address 585 Shrewsbury Ave

City Shrewsbury State NJ Zip Code 07702-4163

Purpose of Disbursement Down Payment - Campaign Car

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

Transaction ID: B8AAF66F5F8FA4FE48ED  
Date of Disbursement 07 / 11 / 2008

Amount of Each Disbursement this Period 3000.00

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

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
Paypal, Inc.

Mailing Address Main St.

City San Jose State CA Zip Code 95101

Purpose of Disbursement Professional Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

Transaction ID: B998C17E5A5E64C338BB  
Date of Disbursement 07 / 12 / 2008

Amount of Each Disbursement this Period 74.05

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

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ 0.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Us Postal Service <hr/> Mailing Address 60 Third Ave. Business Mail Entry Unit <hr/> City Long Branch State NJ Zip Code 07740 <hr/> Purpose of Disbursement Postage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B5C6FFED64F394F7DBC1 Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2008
	Amount of Each Disbursement this Period 4.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

<b>B.</b> Full Name (Last, First, Middle Initial) Tortilla Coast <hr/> Mailing Address 400 First St. Se <hr/> City Washington State DC Zip Code 20016 <hr/> Purpose of Disbursement Food & Beverage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B85AF6FABA6D24C0E9B3 Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2008
	Amount of Each Disbursement this Period 382.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

<b>C.</b> Full Name (Last, First, Middle Initial) Lukoil <hr/> Mailing Address 570 Joline Ave. <hr/> City Long Branch State NJ Zip Code 07740 <hr/> Purpose of Disbursement Gasoline Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B8B2F28A72B7B47BBB0F Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2008
	Amount of Each Disbursement this Period 57.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Jiffy Lube</p> <p>Mailing Address 210 Hwy 36</p> <p>City W. Long Branch State NJ Zip Code 07764</p> <p>Purpose of Disbursement Auto Services</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BC0327AF0A98E4662B28</p> <p>Date of Disbursement 07 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 51.35</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Lukoil</p> <p>Mailing Address Milepost 100.2 Garden State Parkwa</p> <p>City Wall Township State NJ Zip Code 07719</p> <p>Purpose of Disbursement Gasoline</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B9B297F3293214F54AF6</p> <p>Date of Disbursement 07 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 56.08</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Harry &amp; David</p> <p>Mailing Address Po Box 712</p> <p>City Medford State OR Zip Code 97501</p> <p>Purpose of Disbursement TY Gift for Fundraiser Host</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B45F9FE3FEB784FAE9B7</p> <p>Date of Disbursement 07 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 76.19</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>

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

0.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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)  
Pallone for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Lukoil</p> <p>Mailing Address Milepost 1241 Median S</p> <p>City South Amboy State NJ Zip Code 08878</p> <p>Purpose of Disbursement Gasoline</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BDB7B1042CEA54122862</p> <p>Date of Disbursement 07 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 53.41</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) West Long Branch BP</p> <p>Mailing Address 133 St 36</p> <p>City W. Long Branch State NJ Zip Code 07764</p> <p>Purpose of Disbursement Gasoline</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B24DD2E0704BA46FC8A5</p> <p>Date of Disbursement 07 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 71.59</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Royal Printing Service</p> <p>Mailing Address Po Box 1000</p> <p>City W. New York State NJ Zip Code 07093</p> <p>Purpose of Disbursement Mail Piece/Printing Services</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BB74F099B971F49A6987</p> <p>Date of Disbursement 07 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 1457.78</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

1457.78

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

310156.10

**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 177 / 179

<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)  
Pallone for Congress

**A.** Full Name (Last, First, Middle Initial)  
Democratic Majority Pac

Mailing Address Po Box 3037

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement Donation

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

**Transaction ID:** BD634C5710B2844EAB7D  
**Date of Disbursement:** 07 / 25 / 2008

Amount of Each Disbursement this Period: 1000.00

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

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

Mailing Address 430 South Capitol St. Se

City Washington State DC Zip Code 20003

Purpose of Disbursement Donation

Candidate Name DCCC

Office Sought:  House  Senate  President

Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

**Transaction ID:** BD14993A7AB304DA68C8  
**Date of Disbursement:** 07 / 23 / 2008

Amount of Each Disbursement this Period: 50000.00

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

**C.** Full Name (Last, First, Middle Initial)  
New Jersey Young Democrats

Mailing Address 108 Commons Drive

City East Brunswick State NJ Zip Code 08816

Purpose of Disbursement Event Sponsorship

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

**Transaction ID:** BEA5E0DDF294046CAAD1  
**Date of Disbursement:** 07 / 21 / 2008

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) ..... ► 51250.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) New Brunswick Dem. Org.</p> <p>Mailing Address Po Box 1208</p> <p>City New Brunswick State NJ Zip Code 08903</p> <p>Purpose of Disbursement Ad Journal</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B7F7ED2EB384742B8937</p> <p>Date of Disbursement 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 600.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Monmouth County Democrats Inc.</p> <p>Mailing Address 1602 Lawrence Ave. #110</p> <p>City Ocean State NJ Zip Code 07712</p> <p>Purpose of Disbursement Ad Journal</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B32C9192D0DF0438D989</p> <p>Date of Disbursement 09 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 250.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Middletown Dems Campaign 2008</p> <p>Mailing Address 8 Daniels Drive</p> <p>City Middletown State NJ Zip Code 07748-2731</p> <p>Purpose of Disbursement Donation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BB5F94C1B214C49A5BED</p> <p>Date of Disbursement 09 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

2850.00

**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)

PAGE 179 / 179

<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)  
Pallone for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Democrats 2000</p> <p>Mailing Address 29 Front St.</p> <p>City Jamesburg State NJ Zip Code 08831</p> <p>Purpose of Disbursement Event Tickets</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p><b>Transaction ID:</b> BD104FCED72B04DFDB25 <b>Date of Disbursement:</b> 07 / 10 / 2008</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>B.</b> Full Name (Last, First, Middle Initial) NEW JERSEY DEMOCRATIC STATE COMMITTEE</p> <p>Mailing Address 196 West State Street</p> <p>City Trenton State NJ Zip Code 08608</p> <p>Purpose of Disbursement Donation</p> <p>Candidate Name NEW JERSEY DEMOCRATIC STATE COMMITTEE</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p><b>Transaction ID:</b> B399E2CDC3DC441E0B9D <b>Date of Disbursement:</b> 08 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) NEW JERSEY DEMOCRATIC STATE COMMITTEE</p> <p>Mailing Address 196 West State Street</p> <p>City Trenton State NJ Zip Code 08608</p> <p>Purpose of Disbursement In Kind - Printing Service/Mail Piece</p> <p>Candidate Name NEW JERSEY DEMOCRATIC STATE COMMITTEE</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p><b>Transaction ID:</b> B01E9EDAAD03C420591D <b>Date of Disbursement:</b> 07 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 1457.78</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>

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

1500.00

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

55600.00