



**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	7

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	329013.16	1029754.54
(b) Total Contribution Refunds (from Line 20(d)).....	1000.00	3500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	328013.16	1026254.54
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	94763.44	303806.03
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	2805.20
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	94763.44	301000.83
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>3105223.25</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name  
Pallone for Congress

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	7

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

136642.00

497614.50

(ii) Unitemized.....

3060.00

10281.00

(iii) TOTAL of contributions

139702.00

507895.50

from individuals..... ▶

11.16

11.16

(b) Political Party Committees.....

189300.00

521847.88

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS (other than loans)

329013.16

1029754.54

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

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0.00

2805.20

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

22545.83

77634.08

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

351558.99

1110193.82

**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.....	94763.44	303806.03
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.....	1000.00	1000.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	1000.00	3500.00
21. OTHER DISBURSEMENTS.....	51250.00	118105.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	147013.44	425411.03

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2900677.70
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	351558.99
25. SUBTOTAL (add Line 23 and Line 24).....	3252236.69
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	147013.44
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	3105223.25

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 150
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
Pallone for Congress

**A.** Full Name (Last, First, Middle Initial)  
Rajesh N Chhabria

Mailing Address 83 Laurel Hollow Court

City Edison State NJ Zip Code 08820-1043

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 ▼ 1100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 02 / 2007

**Transaction ID:** A3A41BAE123AD4D70A25

Amount of Each Receipt this Period  
1100.00

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

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

Mailing Address 7 Thistle Ln

City Holmdel State NJ Zip Code 07733-1200

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

Name of Employer Self Employed Occupation Physician-adult & Pediatric AI

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  
07 / 02 / 2007

**Transaction ID:** A302C7B5B0BEC48CCA60

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)  
Geetha Naik, MD

Mailing Address 20 Haverford Avenue

City Scarsdale State NY Zip Code 10583-7502

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

Name of Employer Self Occupation Physician

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 02 / 2007

**Transaction ID:** AE224E51944FD424CA01

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) ..... ► 2600.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 150
	<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)  
Sunita Kanumury

Mailing Address 10 Blue Bird Ct

City Randolph State NJ Zip Code 07869-2127

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

Name of Employer Self Occupation Physician

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
07 / 02 / 2007

**Transaction ID:** A00CEFA6FDCF0444C9FE

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)  
Jerar Nishanian

Mailing Address 9468 Coral Crest Ln

City Vienna State VA Zip Code 22182-4409

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

Name of Employer Jer-yag Emt., Inc. Occupation Builder/developer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
07 / 03 / 2007

**Transaction ID:** ADBEA1C10F30D4577810

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)  
Mordechai Bermann

Mailing Address 7 Plymouth Lane

City East Brunswick State NJ Zip Code 08816-3322

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 05 / 2007

**Transaction ID:** ACA5BAFEF33D1468A829

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 150
	<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)  
Michael D D'Arcangelo

Mailing Address 149 Winchester Lane

City State Zip Code  
Newtown PA 18940-3302

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

Name of Employer Complete Health Care Occupation Senior Executive Vice President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 06 / 2007

**Transaction ID:** ABE26900720E64BC98A8

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)  
Roger Strauch

Mailing Address 125 Guilford Rd

City State Zip Code  
Piedmont CA 94611-3804

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

Name of Employer The Rhoda Group Occupation Chairman/owner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 06 / 2007

**Transaction ID:** AC9203D933DFA4A0BBCB

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)  
Dikran Abajian

Mailing Address 4 Shadowbrook Dr

City State Zip Code  
Clifton Park NY 12065-2913

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 ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 08 / 2007

**Transaction ID:** AAACBA7EEB10F463B9A3

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 150
	<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)  
Benjamin F. Miller

Mailing Address 41 N. 3rd St 200

City Philadelphia State PA Zip Code 19106-4508

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

Name of Employer Hospicomm Occupation Director

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
07 / 10 / 2007

**Transaction ID:** AC81D8E74DD3444CAAEF

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)  
Eugene M. Lavergne

Mailing Address 601 Grand Ave #307

City Asbury Park State NJ Zip Code 07712-6645

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

Name of Employer Self Occupation Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
07 / 13 / 2007

**Transaction ID:** A1893B28660C743BEB37

Amount of Each Receipt this Period  
-1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Helen Keledjian

Mailing Address 1334 Sutton Place

City Chicago State IL Zip Code 60610-2008

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 ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 20 / 2007

**Transaction ID:** ADE327394DEF846FF9B9

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) ..... ▶ **250.00**

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 150
	<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)  
Bruce L Downey

Mailing Address 9314 Rapley Preserve Drive

City Potomac State MD Zip Code 20854-5607

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

Name of Employer Barr Laboratories Occupation CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 21 / 2007

**Transaction ID:** A404B909DE984464AA84

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 Hugh Nexon

Mailing Address 7219 Stafford Rd

City Alexandria State VA Zip Code 22307-1806

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

Name of Employer Advanced Medical Technologies Occupation Vice President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 23 / 2007

**Transaction ID:** ADD30EB05FC6142B49BD

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)  
Edward M Rozyński

Mailing Address 5755 8th St N

City Arlington State VA Zip Code 22205-1021

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

Name of Employer Stryker Tams & Dill, Llp Occupation Vice President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 23 / 2007

**Transaction ID:** ACC52A308D2B045F2B4D

Amount of Each Receipt this Period  
500.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 150
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Lyle Dennis		Date of Receipt M M / D D / Y Y Y Y 07 / 27 / 2007
Mailing Address 11515 Noah's Landing Ct		<b>Transaction ID:</b> AE14735B81FBC4961881
City State Zip Code Manassas VA 20112-3580	Amount of Each Receipt this Period 242.00	
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 Cavarocchi Ruscio Dennis Assoc	Occupation Lobbyist/partner	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2542.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Lyle Dennis		Date of Receipt M M / D D / Y Y Y Y 07 / 27 / 2007
Mailing Address 11515 Noah's Landing Ct		<b>Transaction ID:</b> A6885EF4ACBB2455F9E2
City State Zip Code Manassas VA 20112-3580	Amount of Each Receipt this Period 542.00	
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 Cavarocchi Ruscio Dennis Assoc	Occupation Lobbyist/partner	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2542.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Lyle Dennis		Date of Receipt M M / D D / Y Y Y Y 07 / 27 / 2007
Mailing Address 11515 Noah's Landing Ct		<b>Transaction ID:</b> AD6CD55A8959042B88ED
City State Zip Code Manassas VA 20112-3580	Amount of Each Receipt this Period 758.00	
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 Cavarocchi Ruscio Dennis Assoc	Occupation Lobbyist/partner	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2542.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1542.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 150
	<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)  
Herbert Heflich

Mailing Address 857 Vosseller Ave

City State Zip Code  
Martinsville NJ 08836-2387

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

Name of Employer Occupation  
Castle Senior Living Healthcare

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 / 27 / 2007

**Transaction ID:** A7D55A553CC3846B0BBF

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)  
Tama A Mattocks

Mailing Address 625 3rd St NE 4

City State Zip Code  
Washington DC 20002-4942

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

Name of Employer Occupation  
American Hospital Association Government Relations

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 / 27 / 2007

**Transaction ID:** A64C9E30C7F2F4555AC8

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)  
Philip Scalco

Mailing Address 979 Lily Pond Ln

City State Zip Code  
Franklin Lakes NJ 07417-1056

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

Name of Employer Occupation  
Bartley Healthcare CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 27 / 2007

**Transaction ID:** A9415B27F1C874D6F80C

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 150
	<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)  
Mark Joseph Mioduski

Mailing Address 2080 N Oakland St

City Arlington State VA Zip Code 22207-3667

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

Name of Employer Cornerstone Government Affairs  
Occupation Vice Pres.

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  
07 / 27 / 2007

Transaction ID: A00213C205B194F3D8FA

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)  
Domenic Ruscio

Mailing Address 316 Mass Ave NE

City Washington State DC Zip Code 20002-5702

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

Name of Employer Cavarocchi Ruscio Dennis Assoc  
Occupation Lobbyist/partner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 27 / 2007

Transaction ID: A11EFA75B27084E69A58

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)  
Brent Michael Jaquet

Mailing Address 3660 Bay Dr

City Edgewater State MD Zip Code 21037-4143

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

Name of Employer Cavarocchi Ruscio Dennis Assoc  
Occupation Senior VP

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  
07 / 27 / 2007

Transaction ID: A09EB0AA1EC4C4276864

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 150
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
Pallone for Congress

**A.** Full Name (Last, First, Middle Initial)  
Douglas A Struyk

Mailing Address 14 Benson Dr

City State Zip Code  
Wayne NJ 07470-3923

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

Name of Employer  
Christian Health Care Center

Occupation  
Pres & CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
07 / 27 / 2007

**Transaction ID:** ABFD621AC727D456EB6C

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)  
Kathy M Kulkarni

Mailing Address 1322 15th St NW 3

City State Zip Code  
Washington DC 20005-2917

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

Name of Employer  
The Monument Group

Occupation  
Consultant

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
07 / 27 / 2007

**Transaction ID:** A7E37067AF3144179ADB

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)  
Peter J Burke, Jr.

Mailing Address 1801 Buttonwood St 1418

City State Zip Code  
Philadelphia PA 19130-3955

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

Name of Employer  
Brandy Care

Occupation  
Exec. VP

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
07 / 27 / 2007

**Transaction ID:** AB13854753C9B4C11BCD

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 150
	<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

Full Name (Last, First, Middle Initial) <b>A. Nicholas Cavarocchi</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 27 / 2007	
Mailing Address 316 Mass Ave NE		<b>Transaction ID: A833008ECFB6641F9B63</b>	
City Washington	State DC	Amount of Each Receipt this Period 500.00	
Zip Code 20002-5702		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Cavarocchi Ruscio Dennis Co.	Occupation Partner		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Charles Caprariello</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 27 / 2007	
Mailing Address 449 Christopher Dr		<b>Transaction ID: A751031577A184DE5BE3</b>	
City Princeton	State NJ	Amount of Each Receipt this Period 1000.00	
Zip Code 08540-2333		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer chuck.caprariello@ranbaxy-.com	Occupation VP Comm & Govt Affairs		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Page C Kranbuhl</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2007	
Mailing Address 4535 Klingle St NW		<b>Transaction ID: A458E2F23A9A447BC992</b>	
City Washington	State DC	Amount of Each Receipt this Period 500.00	
Zip Code 20016-3580		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Stryker Tams & Dill, Llp	Occupation Director of US Government Affairs		
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) ..... ▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 150
	<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)  
Vartanoosh Mathevosian

Mailing Address 30 Candy Ln

City State Zip Code  
Great Neck NY 11023-1846

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

Name of Employer Self Occupation  
Real Estate Investor

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 29 / 2007

**Transaction ID:** A01F5774F8A9D40B6834

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)  
Lisa Kountoupes

Mailing Address 2016 Rhode Island Ave

City State Zip Code  
McLean VA 22101-4921

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

Name of Employer Self Occupation  
Consultant

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 30 / 2007

**Transaction ID:** ADFF95DBED07A45EDAE2

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 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 Florida Grove Mgt. Occupation  
Real Estate

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 07 / 2007

**Transaction ID:** A78D180E646224E1E813

Amount of Each Receipt this Period  
1000.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 150
	<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)  
Adelaide Franklin

Mailing Address 1 Main St

City Avon By The Sea State NJ Zip Code 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 ▼ 800.00

Date of Receipt  
08 / 15 / 2007

Transaction ID: AD03D40373DD649F7954

Amount of Each Receipt this Period  
800.00

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

**B.** Full Name (Last, First, Middle Initial)  
Robert J Del Tufo

Mailing Address 13 Ober Road

City Princeton State NJ Zip Code 08540-4917

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

Name of Employer Skadden Arps Occupation Lawyer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
08 / 22 / 2007

Transaction ID: AC8EDE8F87EE74FD1905

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)  
Dr. Mitchel Alpert

Mailing Address 2209 Glenmere Ct

City Wall Township State NJ Zip Code 07719-9743

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

Name of Employer Alpert & Zales Pediatric Cardi Occupation Physician

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
08 / 28 / 2007

Transaction ID: AA78BD7FCDE1B4400B0E

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) ..... ► 1550.00

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 150
	<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)  
Eleanor Izdebski

Mailing Address 713 Green Valley Rd

City State Zip Code  
Jackson NJ 08527-2945

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 ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 28 / 2007

Transaction ID: AF443A74CAB9745B2A11

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)  
Peter Strohm

Mailing Address 960 Ocean Ave

City State Zip Code  
Mantoloking NJ 08738-1716

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

Name of Employer  
Mandell, Strohm & Gelson

Occupation  
Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 28 / 2007

Transaction ID: A60A76449A6034980A07

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)  
Jarrow Lloyd Rogovin

Mailing Address 1368 Devlin Dr

City State Zip Code  
Los Angeles CA 90069-1803

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

Name of Employer  
Jarrow Forums Inc.

Occupation  
President & CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 29 / 2007

Transaction ID: A256AB41311B34012803

Amount of Each Receipt this Period  
1000.00

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) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 150
	<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 ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 29 / 2007

Transaction ID: AA2E26ED0FF15408DB1F

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)  
Ramanathan Ranjan

Mailing Address 8 Wheatston Ct

City State Zip Code  
Princeton Junction NJ 08550-1935

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

Name of Employer Pharnanet Occupation Systems Analyst

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  
08 / 31 / 2007

Transaction ID: A4FB62B7FE062404CA04

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)  
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 Retired Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 31 / 2007

Transaction ID: A5A8F25CDE337432E8E3

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 150
	<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)  
Valter Must

Mailing Address P o Box 3017

City State Zip Code  
Lakewood NJ 08701-9017

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

Name of Employer Rothstein Mandell Strohm Must  
Occupation Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 31 / 2007

**Transaction ID:** A044C3C60979F43C592F

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)  
Elizabeth K. Lambert

Mailing Address 56 Farmersville Rd

City State Zip Code  
Califon NJ 07830-3303

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

Name of Employer Herbalist & Alchemist  
Occupation CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 05 / 2007

**Transaction ID:** AF8383A5E01F74CF6857

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)  
Attilio Palumbo

Mailing Address Asbury Ave & Green Grove Rd

City State Zip Code  
Tinton Falls NJ 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 ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 05 / 2007

**Transaction ID:** AAD762711C44D4384BF7

Amount of Each Receipt this Period  
500.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 150
	<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)  
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) ▼ 1100.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 06 / 2007

**Transaction ID:** A09280873E75344C1B6F

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)  
Scott Woska

Mailing Address 100 Farm Bridge Road

City State Zip Code  
Marlboro NJ 07746-1076

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

Name of Employer Occupation  
Shore Orthopedic Group Physician

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

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 06 / 2007

**Transaction ID:** A72F8871D2F0E4A7DA8C

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
David Steiner

Mailing Address 5 Rocky Way, Llewellyn Park

City State Zip Code  
West Orange NJ 07052

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

Name of Employer Occupation  
Steiner Equities Group Owner

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

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 06 / 2007

**Transaction ID:** AC56CA5CF087B472B9C9

Amount of Each Receipt this Period  
1000.00

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

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 150
	<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)  
Laurence Downes

Mailing Address PO Box 1468

City Wall State NJ Zip Code 07719-1468

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

Name of Employer Nj Resources Corp. Occupation CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3300.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 06 / 2007

**Transaction ID:** ACE179553D7D34D64A9F

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 Rothstein

Mailing Address 1915 Shadowbrook Dr

City Wall Township State NJ Zip Code 07719-9715

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

Name of Employer Rothstein,mandell,strom, Must Occupation Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 06 / 2007

**Transaction ID:** A7565AB62179D4E08ABF

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)  
Eugene M. Lavergne

Mailing Address 601 Grand Ave #307

City Asbury Park State NJ Zip Code 07712-6645

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

Name of Employer Self Occupation Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 06 / 2007

**Transaction ID:** A8189E6DC3A304C21A06

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 150
	<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)  
Angelo A. Chinnici, MD

Mailing Address 601 Sunset Ave

City State Zip Code  
Asbury Park NJ 07712-5313

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  
M M / D D / Y Y Y Y Y  
09 / 06 / 2007

**Transaction ID:** A668DCC53B9CD45EFAA0

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)  
Suzy M. Antounian

Mailing Address 2364 North Pt St

City State Zip Code  
San Francisco CA 94123-1417

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

Name of Employer World Affairs Council Of N.ca Occupation Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 06 / 2007

**Transaction ID:** AB8269B1B58F845268AE

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)  
Garo Armen

Mailing Address 66 Mayfair Ln

City State Zip Code  
Manhasset NY 11030-3511

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

Name of Employer Antigenics Occupation Chairman & CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 06 / 2007

**Transaction ID:** A1C4AAE17C5D642739E3

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 150
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Morris Brown		Date of Receipt M M / D D / Y Y Y Y Y 09 / 06 / 2007
Mailing Address 9 Fairway Ln		Transaction ID: A9665A561C4E24BA3AC3 Amount of Each Receipt this Period 250.00
City State Zip Code Ocean NJ 07712-3634		
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 Wilentz, Goldman & Spitzer	Occupation Attorney	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Nancy E. Staats		Date of Receipt M M / D D / Y Y Y Y Y 09 / 06 / 2007
Mailing Address 47 Orchard Ln		Transaction ID: A00E6D3B2A26A4AC49B5 Amount of Each Receipt this Period 500.00
City State Zip Code Colts Neck NJ 07722-1569		
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 Metzger-staats Pain Mgmt.	Occupation Physician	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3750.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Roy Tanzman		Date of Receipt M M / D D / Y Y Y Y Y 09 / 06 / 2007
Mailing Address 4 Talia Rd		Transaction ID: A24EBCE311E454CCCB26 Amount of Each Receipt this Period 100.00
City State Zip Code Kendall Park NJ 08824-1705		
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 Wilentz Goldman & Spitzer	Occupation Attorney	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	850.00
<b>TOTAL</b> This Period (last page this line number only) .....	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 150
	<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

Full Name (Last, First, Middle Initial) <b>A. Sripad Dhawlikar</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 06 / 2007	
Mailing Address 21 Oakcrest Ct		<b>Transaction ID: A102273508EC14B61BA3</b>	
City State Zip Code Holmdel NJ 07733-1162		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Ocean Orthopedic Associates	Occupation Physician		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Phyllis Kinsler</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 08 / 2007	
Mailing Address 70 Wigwam Ln		<b>Transaction ID: A3867C9BFFAC246AC955</b>	
City State Zip Code Tinton Falls NJ 07724-3176		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Planned Parenthood Of Mon. City	Occupation Exec. Director		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) <b>C. Vijay T Maktal</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 08 / 2007	
Mailing Address 270 Gates Ave 2		<b>Transaction ID: AA3308D1E2BC34E019FC</b>	
City State Zip Code Jersey City NJ 07305-2472		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 Saiff Drugs & Home Health Care	Occupation Onwer		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 150
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Heywood Knopf		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2007
Mailing Address 72 West River Rd		<b>Transaction ID:</b> A6337186695D44DE4ACA
City State Zip Code Rumson NJ 07760-1122	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation M&m Knopf Auto Parts Owner/partner	Election Cycle-to-Date 2008.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B.</b> Abraham Djebiyani		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2007
Mailing Address 4 Academy Ln		<b>Transaction ID:</b> A70022E5049404784B12
City State Zip Code Demarest NJ 07627-2700	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 Asd Castinga, Inc. Castor	Election Cycle-to-Date 1000.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>C.</b> Peter A. Pogany		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2007
Mailing Address 29 Fenmore Dr		<b>Transaction ID:</b> A8F6D6650715E4E0EB8E
City State Zip Code Scotch Plains NJ 07076-2530	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Rapps Pharmacy Pharmacist	Election Cycle-to-Date 500.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	3500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 150
	<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)  
J. Fletcher Creamer

Mailing Address 101 East Broadway

City Hackensack State NJ Zip Code 07601-6851

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

Name of Employer J. Fletcher Creamer & Son, Inc  
Occupation President

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  
09 / 08 / 2007

**Transaction ID:** AAE3E800DA4DF40E9BAA

Amount of Each Receipt this Period  
800.00

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

**B.** Full Name (Last, First, Middle Initial)  
J. Fletcher Creamer

Mailing Address 101 East Broadway

City Hackensack State NJ Zip Code 07601-6851

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

Name of Employer J. Fletcher Creamer & Son, Inc  
Occupation President

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  
09 / 08 / 2007

**Transaction ID:** A0FA742C568304F8398F

Amount of Each Receipt this Period  
700.00

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

**C.** Full Name (Last, First, Middle Initial)  
Karen Rafiqi

Mailing Address 18 Lotus Ct

City Ocean State NJ Zip Code 07712-7200

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

Name of Employer American Cancer Society  
Occupation Director Special Events

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  
09 / 08 / 2007

**Transaction ID:** A5DF907B5879F4C9289D

Amount of Each Receipt this Period  
500.00

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) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 150
	<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)  
Stephen Brandt

Mailing Address 781 Huron Rd

City State Zip Code  
Franklin Lakes NJ 07417-2209

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

Name of Employer Occupation  
Garden State Pharmacy Owners Pharmacist

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  
09 / 08 / 2007

**Transaction ID:** A7C2C5BF819F4494A8D2

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)  
Antonio C Feijoo

Mailing Address 301 Bebe Ct.

City State Zip Code  
Branchburg NJ 08853-4182

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

Name of Employer Occupation  
Bell Pharmacy Pharmacist

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  
09 / 08 / 2007

**Transaction ID:** A75770B84C3AC416194A

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)  
Charles J. Uliano

Mailing Address 5 Marc Rd

City State Zip Code  
West Long Branch NJ 07764-1113

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

Name of Employer Occupation  
Chamlin Rosen Uliano Withering Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 08 / 2007

**Transaction ID:** AC5C8A491E5014C0BAC8

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 150
	<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)  
Adam Kaufman

Mailing Address 52 Maidenhead Rd

City State Zip Code  
Princeton NJ 08540-7733

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

Name of Employer Occupation  
Capital Public Affairs CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 08 / 2007

**Transaction ID:** ACE8AEC492B41455BA29

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 10 Hwy 35

City State Zip Code  
Red Bank NJ 07701-5902

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

Name of Employer Occupation  
Hovnanian Enterprises CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 08 / 2007

**Transaction ID:** AD877FF649CB04E9BAFE

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)  
Wendy Kelman Neu

Mailing Address 17 Lower Landsdown Rd

City State Zip Code  
Annandale NJ 08801-3607

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

Name of Employer Occupation  
Hugo Neu Corp. VP Env. & Public Affairs

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 / 08 / 2007

**Transaction ID:** A77D8073EA23A4D20B02

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 150
	<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)  
John L. Neu

Mailing Address 17 Lower Landsdown Rd

City Annandale State NJ Zip Code 08801-3607

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

Name of Employer Hugo Neu Corp. Occupation Chairman & CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 08 / 2007

**Transaction ID:** A63ABA24EA0064338BFB

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)  
Paul J Bent

Mailing Address 130 Warren St

City Beverly State NJ Zip Code 08010-1326

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

Name of Employer Pathways Gov't. Relations Occupation Executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 08 / 2007

**Transaction ID:** A6098B7E497314A2AA3F

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)  
Anthony Persichilli

Mailing Address 22 Baldwin St

City Pennington State NJ Zip Code 08534-3322

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 ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 08 / 2007

**Transaction ID:** A04246A75F1504FAC955

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 150
	<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) Dennis Drazin		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2007	
Mailing Address 25 Reckless Place		<b>Transaction ID:</b> A38BFB47B7BEF4067845	
City State Zip Code Red Bank NJ 07701-1703		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Drazin & Warshaw Attorney		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 3000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) James Mazza		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2007	
Mailing Address 3230 Shafto Rd		<b>Transaction ID:</b> A3AC70C97442B47AFB7A	
City State Zip Code Tinton Falls NJ 07753-7503		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Mazza & Sons Owner		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Judith Ann Persichilli		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2007	
Mailing Address 22 Baldwin St		<b>Transaction ID:</b> A2EDC61E96D4E47E3890	
City State Zip Code Pennington NJ 08534-3322		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation CHE Healthcare Executive		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 150
	<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)  
Harold Bobrow

Mailing Address PO Box 310

City State Zip Code  
Maplewood NJ 07040-0310

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

Name of Employer Occupation  
Maple Pharmacy Pharmacist

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  
09 / 08 / 2007

Transaction ID: A566794E10C594D529DB

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)  
Eugene M. Lavergne

Mailing Address 601 Grand Ave #307

City State Zip Code  
Asbury Park NJ 07712-6645

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

Name of Employer Occupation  
Self Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 11 / 2007

Transaction ID: AFD67107FF0D147669DF

Amount of Each Receipt this Period  
-1000.00

Bounced Check

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

**C.** Full Name (Last, First, Middle Initial)  
Stephen R Seitz

Mailing Address 1427 Chapin St NW 304

City State Zip Code  
Washington DC 20009-8520

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

Name of Employer Occupation  
Vonage Vice President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 14 / 2007

Transaction ID: A1C4B558D55864C DFA4F

Amount of Each Receipt this Period  
500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 150
	<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

Full Name (Last, First, Middle Initial) <b>A. Sharon O'Leary</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2007	
Mailing Address 5014 S Perry Park Rd.		<b>Transaction ID: AD40B1EDCCCA6409095C</b>	
City State Zip Code Sedalia CO 80135-8211	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 Vonage Holding Corp. Chief Legal Officer	Election Cycle-to-Date 2008.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>B. Michael H Hutton</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2007	
Mailing Address 20 Royal Dominion Ct		<b>Transaction ID: A2C5560821BAA40F086B</b>	
City State Zip Code Bethesda MD 20817-4652	Amount of Each Receipt this Period 2300.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Hutton Strategies Consultant	Election Cycle-to-Date 2008.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>C. Terese Colling</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 17 / 2007	
Mailing Address Colling Swift & Hynes 1331 F Street NW		<b>Transaction ID: AA57FAC0700F140A7AFE</b>	
City State Zip Code Washington DC 20004-1107	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 Colling Swift & Hynes President	Election Cycle-to-Date 2008.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	4300.00
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 150
	<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)  
Philip H. Roberts

Mailing Address 15808 W. Cimarron Dr

City State Zip Code  
Surprise AZ 85374-6154

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

Name of Employer Occupation  
Nj Broadcasting Assn. President

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

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 21 / 2007

**Transaction ID:** A23D29986E87F405390A

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. Mark W. Connolly

Mailing Address 111 Central Ave.

City State Zip Code  
Newark NJ 07102-1909

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

Name of Employer Occupation  
Saint Michael's Medical Center Physician

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

2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 21 / 2007

**Transaction ID:** A24284F0C5A6F4A4DB87

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)  
Panos Haitayan

Mailing Address 1709 Golf Club Dr

City State Zip Code  
Glendale CA 91206-1328

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

Name of Employer Occupation  
Cafe Santorini Owner

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

450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 22 / 2007

**Transaction ID:** AD72E33115F274793B0D

Amount of Each Receipt this Period  
450.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2450.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 150
	<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)  
Ardashes Kassakhian

Mailing Address 1409 Val Verde Place

City State Zip Code  
Glendale CA 91208-1119

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

Name of Employer Occupation  
City of Glendale Clerk

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 22 / 2007

**Transaction ID:** AAEC13308F75C40F5B18

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Papken S. Der Torossian

Mailing Address 21978 Via Reginia

City State Zip Code  
Saratoga CA 95070-4864

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

Name of Employer Occupation  
Vistec Semiconductor Systems Executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 24 / 2007

**Transaction ID:** A16DF917964C042F7904

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)  
Wayne Jordan

Mailing Address 436 14th St #1417

City State Zip Code  
Oakland CA 94612-2716

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

Name of Employer Occupation  
Jordan Real Estate Investments, LLC Investor

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 24 / 2007

**Transaction ID:** A1021E9AB0FE44382891

Amount of Each Receipt this Period  
1000.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 150
	<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

Full Name (Last, First, Middle Initial) <b>A. Christine Balabanian</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 24 / 2007	
Mailing Address 947 Green St #4		Transaction ID: AE2F7CE89B2194069B0C	
City State Zip Code San Francisco CA 94133-3601	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Edwards Jewelry & Imports Sales	Election Cycle-to-Date 2008.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>B. Matthew Berzok</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 24 / 2007	
Mailing Address 1838 16th St NW #2		Transaction ID: A7DC419122ED94BAB81C	
City State Zip Code Washington DC 20009-3382	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 Ryan, Philips, Utrecht & Mackinnon Attorney	Election Cycle-to-Date 1000.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>C. Daniel Miller</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 24 / 2007	
Mailing Address 11 Tappan Ln		Transaction ID: A21DA2793B2984905A72	
City State Zip Code Orinda CA 94563-1310	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 The Rhoda Group Venture Capital	Election Cycle-to-Date 1000.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 150
	<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)  
Eric Pearce Zimmerman

Mailing Address 8100 E Gainsborough Ct

City Potomac State MD Zip Code 20854-4271

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

Name of Employer McDermott Will & Emery Occupation Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 24 / 2007

Transaction ID: ACA4226AA4B4448319AB

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)  
Jody Ann Hoffman

Mailing Address 5410 Mohican Rd

City Bethesda State MD Zip Code 20816-2162

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

Name of Employer Wexler & Walker Public Policy Associat Occupation Senior VP

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 24 / 2007

Transaction ID: AD45A2D668C214979990

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)  
Thomas M Ryan

Mailing Address 4323 Westover PI NW

City Washington State DC Zip Code 20016-5553

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

Name of Employer Ryan, Philips, Utrecht & Mackinnon Occupation Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 24 / 2007

Transaction ID: A0A183141B7164ECB9BE

Amount of Each Receipt this Period  
1000.00

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 150
	<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)  
Stephen G. Melikian

Mailing Address 503 Euclid Ave

City State Zip Code  
San Francisco CA 94118-2605

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

Name of Employer Occupation  
Jones Hall Apic Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 24 / 2007

**Transaction ID:** A65F1085AE161403CA49

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)  
Dale Windrum Snape

Mailing Address 8301 Weller Ave

City State Zip Code  
Mc Lean VA 22102-1717

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

Name of Employer Occupation  
Wexler & Walker Public Policy Associat CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 24 / 2007

**Transaction ID:** A2744707254174B2B8DA

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)  
Mihran Agbabian

Mailing Address 968 Linda Flora Dr

City State Zip Code  
Los Angeles CA 90049-1631

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

Name of Employer Occupation  
University of So. Cal Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 26 / 2007

**Transaction ID:** AD3640145AEED4146B8A

Amount of Each Receipt this Period  
250.00

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

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 150
	<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)  
Martha O'Rourke

Mailing Address 1273 Church Rd

City State Zip Code  
Toms River NJ 08755-2109

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

Name of Employer Small Animal Veterinary Associates  
Occupation Owner

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 / 26 / 2007

**Transaction ID:** A64FAA5BA50294463BEF

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)  
Dino Andrianos

Mailing Address 3417 Viewcrest Dr

City State Zip Code  
Burbank CA 91504-1842

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

Name of Employer Starbuzz, Inc.  
Occupation Businessman

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 26 / 2007

**Transaction ID:** A283348CD7DFB487CBFC

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)  
Vasken Imasdonian

Mailing Address 6131 Southward Dr

City State Zip Code  
Whittier CA 90601

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

Name of Employer Leather Store  
Occupation Owner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 26 / 2007

**Transaction ID:** A698E0D33030A4C0BAE1

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) ..... ► **800.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 150
	<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)  
Maria Mehranian

Mailing Address 3760 Berwick Dr

City State Zip Code  
La Canada Flintrid CA 91011-3934

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

Name of Employer Occupation  
Cordoba Corporation CFO

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 / 26 / 2007

**Transaction ID:** A3324C0E6D7584FDE977

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)  
Andreas C Kyprianides

Mailing Address 4219 Coolidge Av

City State Zip Code  
Los Angeles CA 90066-5415

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

Name of Employer Occupation  
The A.M.A. Galleries Investor

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 26 / 2007

**Transaction ID:** A99D95AA338FA40A9B02

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)  
Neshan Peroomian

Mailing Address 3275 Buckingham Rd

City State Zip Code  
Glendale CA 91206-1408

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

Name of Employer Occupation  
TLD Construction Engineer

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  
09 / 26 / 2007

**Transaction ID:** A09FF02107B154F839EE

Amount of Each Receipt this Period  
500.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 150
	<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

Full Name (Last, First, Middle Initial) <b>A. Ara Kurkjian</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 7
Mailing Address 1424 Thompson Av		<b>Transaction ID: A027AD34F392746A2BF9</b>
City State Zip Code Glendale CA 91201-1228	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 Real Estate	Election Cycle-to-Date 250.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B. Alain H Krakirian</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 7
Mailing Address 964 Calle Amable		<b>Transaction ID: AE735FE07472346FFB0A</b>
City State Zip Code Glendale CA 91208-3062	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 Hot Topic Inc. Occupation Vice President	Election Cycle-to-Date 300.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>C. Onnik Keshishian Phd.</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 7
Mailing Address 1520 N. Genesee Ave		<b>Transaction ID: A0BA4E901FA384FC2920</b>
City State Zip Code Los Angeles CA 90046-2719	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 N/a Occupation Retired	Election Cycle-to-Date 250.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	800.00
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <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 type="checkbox"/> 15	PAGE 41 / 150
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NAME OF COMMITTEE (In Full)  
Pallone for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Oshin Harootonian		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2007	
Mailing Address 17706 Orna Dr		<b>Transaction ID:</b> ABA0BA3F77E5F4C89820	
City State Zip Code Granada Hills CA 91344-1332	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 Primex Clinical Laboratories, Inc	Occupation Pres & CEO		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Caro Danielian		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2007	
Mailing Address 540 El Dorado St #102		<b>Transaction ID:</b> A391DDDEEFAFC48FE9F4	
City State Zip Code Pasadena CA 91101-2581	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 Danielian Consulting Group	Occupation Consultant		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Richard J Gabriel		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2007	
Mailing Address P.O. Box 605		<b>Transaction ID:</b> A07FA5CEC559C456F980	
City State Zip Code Mira Loma CA 91752-0605	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 Heritage Cont.	Occupation Pres.		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 150
	<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)  
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  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 26 / 2007

**Transaction ID:** A79454F5FEB66499DB87

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)  
George Dunaian

Mailing Address 3375 E. Lombardy Rd

City State Zip Code  
Pasadena CA 91107-5647

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

Name of Employer Occupation  
Western Medical Supply Owner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 26 / 2007

**Transaction ID:** A804BC447D38942B7BD9

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)  
Aris Anagnos

Mailing Address 8124 W. 3rd St ,Suite 200

City State Zip Code  
Los Angeles CA 90048-4341

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

Name of Employer Occupation  
Real Estate Dynamics, Inc. Real Estate

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 / 26 / 2007

**Transaction ID:** AFE0AE3450336459581B

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 150
	<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)  
Joyce Stein

Mailing Address 46 -930 W. El Dorado Dr

City State Zip Code  
Indian Wells CA 92210

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  
M M / D D / Y Y Y Y  
09 / 26 / 2007

**Transaction ID:** A112B5C0E387F47A882C

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)  
Richard 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 P&m Salvage Occupation Owner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 26 / 2007

**Transaction ID:** A9594951A5B734621B0A

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)  
Jan Gale

Mailing Address 17 A Marlen Dr

City State Zip Code  
Hamilton NJ 08691-1604

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

Name of Employer Intl Process Plants Occupation Exec. VP

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 27 / 2007

**Transaction ID:** ABA7E082F1BD647F38CE

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 150
	<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

Full Name (Last, First, Middle Initial) <b>A. Margit Hazarabedian</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2007	
Mailing Address 24 Toledo Ct		<b>Transaction ID: A6F77669CE87A4F19BC5</b>	
City Lafayette	State CA	Amount of Each Receipt this Period 1000.00	
Zip Code 94549-2954		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Research-literature/folklore		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Raffi Kassarian</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2007	
Mailing Address 1741 16th Avenue		<b>Transaction ID: A6CDBE2D2ECEC4212A5B</b>	
City San Francisco	State CA	Amount of Each Receipt this Period 2000.00	
Zip Code 94122-4537		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Fair Issac Corporation	Occupation Exec. Management		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>C. Krishna M. Reddy</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2007	
Mailing Address 1318 Bonita Dr		<b>Transaction ID: A525E9BD429A54946864</b>	
City La Habra Heights	State CA	Amount of Each Receipt this Period 1000.00	
Zip Code 90631-8522		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Dentist		
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) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 150
	<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)  
Krishna M. Reddy

Mailing Address 1318 Bonita Dr

City State Zip Code  
La Habra Heights CA 90631-8522

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

Name of Employer Self Occupation  
Dentist

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4600.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 27 / 2007

Transaction ID: AEAB673E65B3940A8A95

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)  
Krishna M. Reddy

Mailing Address 1318 Bonita Dr

City State Zip Code  
La Habra Heights CA 90631-8522

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

Name of Employer Self Occupation  
Dentist

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4600.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 27 / 2007

Transaction ID: ACFCA0FD362D04EC391A

Amount of Each Receipt this Period  
1300.00

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

**C.** Full Name (Last, First, Middle Initial)  
Rita Kablanian

Mailing Address 28628 Matadero Creek Ct.

City State Zip Code  
Los Altos Hills CA 94022-2427

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

Name of Employer Self Occupation  
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 / 27 / 2007

Transaction ID: A2A351596410B40E5A22

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) ..... ► 4600.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 150
	<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)  
William Conrow

Mailing Address PO Box 1363

City State Zip Code  
Ross CA 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 ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 27 / 2007

**Transaction ID:** A91D7BD1DA92B41219BE

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)  
Razmik Abnous

Mailing Address 121 Laurelwood Dr

City State Zip Code  
Danville CA 94506-1409

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

Name of Employer Emc/documentum Occupation VP Of Tech

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 / 27 / 2007

**Transaction ID:** A6683226856F7435D8F6

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)  
Roger Strauch

Mailing Address 125 Guilford Rd

City State Zip Code  
Piedmont CA 94611-3804

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

Name of Employer The Rhoda Group Occupation Chairman/owner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 27 / 2007

**Transaction ID:** ADF079BC9C04440F8868

Amount of Each Receipt this Period  
700.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	PAGE 47 / 150
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NAME OF COMMITTEE (In Full)  
Pallone for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Roger Strauch Mailing Address 125 Guilford Rd City State Zip Code Piedmont CA 94611-3804 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: AA4FA9C32E9AA4DD1900 Amount of Each Receipt this Period <table border="1"> <tr> <td>1300.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	7		2	0	0	7	1300.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		2	7		2	0	0	7														
1300.00																							
Name of Employer Occupation The Rhoda Group Chairman/owner Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<table border="1"> <tr> <td>3000.00</td> </tr> </table>	3000.00																				
3000.00																							

<b>B.</b> Full Name (Last, First, Middle Initial) Susan Sakmar Mailing Address 15 Gillmartin Dr City State Zip Code Tiburon CA 94920-1578 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: AC40D5BFEFAF042DAB01 Amount of Each Receipt this Period <table border="1"> <tr> <td>2000.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	7		2	0	0	7	2000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		2	7		2	0	0	7														
2000.00																							
Name of Employer Occupation University of San Francisco Law Professor Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00																				
2000.00																							

<b>C.</b> Full Name (Last, First, Middle Initial) Vartiter M Vartanian Mailing Address 945 Macadamia Dr City State Zip Code Hillsborough CA 94010-6215 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: A1E00294C085A4AE7964 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	7		2	0	0	7	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		2	7		2	0	0	7														
1000.00																							
Name of Employer Occupation Information Requested Information Requested Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																				
1000.00																							

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 150
	<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)  
David Samson

Mailing Address 10 Dorset Circle

City Caldwell State NJ Zip Code 07006-6125

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

Name of Employer Wolff & Samson Occupation Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
09 / 27 / 2007

**Transaction ID:** AA5793BB228AD49DA94B

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)  
Veena Gandhi

Mailing Address PO Box 4735

City Cerritos State CA Zip Code 90703-4735

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 ▼ 1000.00

Date of Receipt  
09 / 27 / 2007

**Transaction ID:** A48477A22B4074ED7B99

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)  
Harris Bass

Mailing Address 11 Mann Ct

City Monmouth Beach State NJ Zip Code 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 ▼ 3000.00

Date of Receipt  
09 / 28 / 2007

**Transaction ID:** AF2F9C651B4A64B24AB5

Amount of Each Receipt this Period  
800.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2800.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 150
	<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

Full Name (Last, First, Middle Initial) <b>A. Harris Bass</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007
Mailing Address 11 Mann Ct		<b>Transaction ID: A7DC0F1FADC51470EB6C</b>
City State Zip Code Monmouth Beach NJ 07750-1052	Amount of Each Receipt this Period 700.00	
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 Periscope, Inc.	Occupation Mfg. Exec.	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>B. Travis Spoede</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2007
Mailing Address 341 Bayshore Dr		<b>Transaction ID: A48D062060A64495DB28</b>
City State Zip Code Montgomery TX 77356-4738	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 Strategic Materials	Occupation CFO	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>C. Nancy Mazza</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2007
Mailing Address 7 Decamp Ct		<b>Transaction ID: A9509037752414D859B4</b>
City State Zip Code West Long Branch NJ 07764-1165	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 Sovereign Bank	Occupation Branch Manager	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3200.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 150
	<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

Full Name (Last, First, Middle Initial) <b>A. Charles William Riegle</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2007
Mailing Address 50 Laurel Crest Road		<b>Transaction ID: AD1EFD9E42B364C0B83E</b>
City State Zip Code Madison CT 06443-3344	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 Tomra North America	Occupation Govt Affairs	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Nick Brown</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2007
Mailing Address 213 Linden Drive		<b>Transaction ID: ABBE893EDBD3B4358A96</b>
City State Zip Code Fair Haven NJ 07704-3553	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 GFI Group	Occupation Managing Director	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Tex Corley</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2007
Mailing Address 646 Hedwig St		<b>Transaction ID: A7375A8F656FA404EBBD</b>
City State Zip Code Houston TX 77024-5311	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 Strategic Materials	Occupation CEO	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3800.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 150
	<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)  
Willis V. Austin

Mailing Address 817 N. e 3rd St

City State Zip Code  
Dania Beach FL 33004-3401

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

Name of Employer Occupation  
HMY Yacht Sales Owner

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 / 2007

**Transaction ID:** A051AEDF0CEFF4587AC9

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)  
Zaven K Kazazian

Mailing Address 3113 Kingridge Wy

City State Zip Code  
Glendale CA 91206-1028

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2007

**Transaction ID:** AFD30942889C7448E913

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)  
Yesu Das

Mailing Address 515 Blue Ridge Ave

City State Zip Code  
Piscataway NJ 08854-5013

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

Name of Employer Occupation  
Innovative Scientific Services Research Scientist

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2007

**Transaction ID:** A553406C58E0A47349B4

Amount of Each Receipt this Period  
250.00

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

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 150
	<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)  
Walter Johnson, III

Mailing Address 2021 Briggs Rd

City State Zip Code  
Mount Laurel NJ 08054-4608

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

Name of Employer Johnson & Towers, Inc. Occupation Pres.

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2007

Transaction ID: A93C31783C04E4BF78E9

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)  
Herbert H. Sambol

Mailing Address 440 W. 24th St Apt 17a

City State Zip Code  
New York NY 10011-1372

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

Name of Employer Centerbrook Investment Co. Occupation Owner

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 / 2007

Transaction ID: A739332E54BC74B89AC6

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)  
Edmond Bedrossian

Mailing Address 450 Sutter Street  
Room 2439

City State Zip Code  
San Francisco CA 94108-4210

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 ▼

2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2007

Transaction ID: AC166F49A78A94BEB953

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) .....	▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <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 type="checkbox"/> 15	PAGE 53 / 150
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NAME OF COMMITTEE (In Full)  
Pallone for Congress

Full Name (Last, First, Middle Initial) <b>A. Curtis R Bucey</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2007	
Mailing Address 5319 Summer Snow Dr		<b>Transaction ID: A992B7A28C76944ECAAF</b>	
City State Zip Code Houston TX 77041-6574	Amount of Each Receipt this Period 1500.00		
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 Strategic Materials Occupation Executive Vice President & COO	Election Cycle-to-Date 1500.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>B. Al Swift</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2007	
Mailing Address 6301 Stevenson Avenue #1517		<b>Transaction ID: AEC0F9D712BBE4C829F2</b>	
City State Zip Code Alexandria VA 22304-3500	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Colling Swift & Hynes Occupation Consultant	Election Cycle-to-Date 500.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>C. Stephen D. Moynihan</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2007	
Mailing Address 2401 Pga Blvd #182		<b>Transaction ID: A6098C881A9B94FEA9FC</b>	
City State Zip Code Palm Beach Gardens FL 33410-3500	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Hmy Company Occupation Owner	Election Cycle-to-Date 2000.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <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 type="checkbox"/> 15	PAGE 54 / 150
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NAME OF COMMITTEE (In Full)  
Pallone for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Peter S. Reinhart		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2007	
Mailing Address 28 Riverside Ave #12a		<b>Transaction ID:</b> A724C231557374B37A71	
City State Zip Code Red Bank NJ 07701-1082	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 K. Hovnanian Attorney	Election Cycle-to-Date 1000.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>B.</b> Joan Rechnitz		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2007	
Mailing Address 211 McClees Rd		<b>Transaction ID:</b> A907D4779265B41C7A4F	
City State Zip Code Red Bank NJ 07701-6337	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Two River Theatre Co. Theatrical Producer	Election Cycle-to-Date 2000.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>C.</b> Robert Tanen		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2007	
Mailing Address 725 Little Silver Pt Rd		<b>Transaction ID:</b> A4793B75C8AE1446EBFD	
City State Zip Code Little Silver NJ 07739-1774	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 Brand & Oppenheimer President	Election Cycle-to-Date 1000.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 150
	<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)  
Kurken Alyanakian

Mailing Address 2455 Colorado Blvd #400

City State Zip Code  
Los Angeles CA 90041-1179

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

Name of Employer Self Occupation Architect

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2007

Transaction ID: AE1CFDEE90D42464B957

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)  
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 ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2007

Transaction ID: AA8195BB537E2437BB03

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
David E Carlino

Mailing Address 44 Woodstone Ln

City State Zip Code  
Robesonia PA 19551-8980

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

Name of Employer PennTitle, Inc. 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  
09 / 30 / 2007

Transaction ID: A8EAEA9295DA7409188F

Amount of Each Receipt this Period  
500.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 150
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
Pallone for Congress

**A.** Full Name (Last, First, Middle Initial)  
Kwor Chieh Loo

Mailing Address 655 Sidney Av

City Pasadena State CA Zip Code 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 ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2007

Transaction ID: ABC6104AAA67F4F4099B

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 316 Paulin Dr

City Glassboro State NJ Zip Code 08028-3006

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

Name of Employer First American Title Insurance Company Occupation Vice President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2007

Transaction ID: ADDBAE8B5C8114080AB5

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)  
Ralph Tufenkian

Mailing Address 1465 Sunshine Dr

City Glendale State CA Zip Code 91208-2432

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

Name of Employer Western Waste Industries Occupation Vice Pres.

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  
09 / 30 / 2007

Transaction ID: AE0F2EED68C2846A0B68

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 150
	<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

Full Name (Last, First, Middle Initial) <b>A. Spadoro &amp; Hilson</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2007
Mailing Address 90 Woodbridge Center Dr. #610		<b>Transaction ID:</b> A11548841FF4C47CEB7F
City State Zip Code Woodbridge NJ 07095	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 Information Requested Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. George A. Spadoro</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2007
Mailing Address 90 Woodbridge Center Dr #610		<b>Transaction ID:</b> ABACBC2127BC74F1E963
City State Zip Code Woodbridge NJ 07095-1142	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) <b>[MEMO ITEM]</b> Partnership: Spadoro & Hilson
Name of Employer Spadoro & Hilson Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Attorney/partner Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Law Offices of Frederick H Graefe PLLC</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 27 / 2007
Mailing Address 319 Constitution Ave NE		<b>Transaction ID:</b> A6A09A0093DC84E65AB4
City State Zip Code Washington DC 20002	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 Information Requested Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Election Cycle-to-Date ▼ 1000.00	

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 150
	<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

Full Name (Last, First, Middle Initial) <b>A. Satellite Storage Of Shrewsbury</b>		Date of Receipt MM / DD / YYYY 08 / 28 / 2007
Mailing Address 2126 Kings Hwy.		<b>Transaction ID: A346FA3ABFB964D77AA7</b>
City Ocean	State NJ	Zip Code 07712
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Information Requested	Occupation Information Requested	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Benjamin Mann, Sr.</b>		Date of Receipt MM / DD / YYYY 08 / 28 / 2007
Mailing Address 23 Mann Ct		<b>Transaction ID: A28B0F658FB1D48CBBB9</b>
City Monmouth Beach	State NJ	Zip Code 07750-1052
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Satellite Self Storage	Occupation Partner	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <b>[MEMO ITEM]</b> Partnership: Satellite Storage Of Shrewsbury
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1450.00	

Full Name (Last, First, Middle Initial) <b>C. Benjamin J Mann, Jr.</b>		Date of Receipt MM / DD / YYYY 08 / 28 / 2007
Mailing Address 2126 Kings Hwy		<b>Transaction ID: AE39D1B6F94004EDCAD1</b>
City Ocean	State NJ	Zip Code 07712-7227
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Information Requested	Occupation Self Storage/partner	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <b>[MEMO ITEM]</b> Partnership: Satellite Storage Of Shrewsbury
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 150
	<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)  
Hoagland Longo Moran Dunst & Doukas

Mailing Address 40 Paterson St.

City State Zip Code  
New Brunswick NJ 08901

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 ▼ 6700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 27 / 2007

**Transaction ID:** A65CC942C619C4731B96

Amount of Each Receipt this Period  
4000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Robert G Kenny

Mailing Address 10 Devonald Dr

City State Zip Code  
Asbury NJ 08802-1143

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

Name of Employer Information Requested Occupation Information Requested  
Hoagland Longo Moran Dunst & D Partner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 27 / 2007

**Transaction ID:** A63F98C77165F4BB1BD9

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
Partnership: Hoagland Longo Moran Dunst & Doukas

**C.** Full Name (Last, First, Middle Initial)  
Susan K O'Connor

Mailing Address 11 Lenore Road

City State Zip Code  
Califon NJ 07830-3400

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

Name of Employer Information Requested Occupation Information Requested  
Hoagland Longo Moran Dunst & D Partner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 27 / 2007

**Transaction ID:** A1780F288EAA14615B7E

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
Partnership: Hoagland Longo Moran Dunst & Doukas

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 150
	<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)  
Robert S Helwig, Esq.

Mailing Address 2 Delaware Road

City State Zip Code  
Whitehouse Station NJ 08889-3956

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

Name of Employer Occupation  
Hoagland Longo Moran Dunst & Doukas Attorney

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 27 / 2007

**Transaction ID:** AC72FA7D6B8CF45C49C2

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
Partnership: Hoagland Longo Moran Dunst & Doukas

**B.** Full Name (Last, First, Middle Initial)  
Patrick J McDonald

Mailing Address 450 Springfield Avenue

City State Zip Code  
Westfield NJ 07090-1012

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

Name of Employer Occupation  
Hoagland Longo Moran Dunst & D Partner

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 27 / 2007

**Transaction ID:** AE9A4CDBD148E440ABEF

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
Partnership: Hoagland Longo Moran Dunst & Doukas

**C.** Full Name (Last, First, Middle Initial)  
Christopher J Killmurray

Mailing Address 15 Breeze Dr

City State Zip Code  
Dayton NJ 08810-1445

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

Name of Employer Occupation  
Hoagland Longo Moran Dunst & D Partner

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 27 / 2007

**Transaction ID:** A15A8A1C969024AC998D

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
Partnership: Hoagland Longo Moran Dunst & Doukas

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 150
	<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)  
Diane Hoagland

Mailing Address 239 Highland Avenue

City Milltown State NJ Zip Code 08850-1142

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

Name of Employer Hoagland Longo Moran Dunst & Doukas Occupation Partner

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
09 / 27 / 2007

Transaction ID: A9EAB487BC3B7479CB36

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
Partnership: Hoagland Longo Moran Dunst & Doukas

**B.** Full Name (Last, First, Middle Initial)  
Emil H Philibosian

Mailing Address 548 River Rd

City Belle Mead State NJ Zip Code 08502-4702

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

Name of Employer Hoagland Longo Moran Dunst & D Occupation Partner

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
09 / 27 / 2007

Transaction ID: A2F67A919F45A4C0D9EA

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
Partnership: Hoagland Longo Moran Dunst & Doukas

**C.** Full Name (Last, First, Middle Initial)  
Gary J Hoagland

Mailing Address 92 Route 537 West

City Colts Neck State NJ Zip Code 07722-1501

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

Name of Employer Hoagland Longo Moran Dunst & D Occupation Partner

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
09 / 27 / 2007

Transaction ID: AE98ECD29E7D84C68BBA

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
Partnership: Hoagland Longo Moran Dunst & Doukas

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **0.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 150
	<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)  
John Elliot Associates

Mailing Address 240 Capitol Street  
Suite 500

City Charleston State WV Zip Code 25301

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  
MM / DD / YYYY  
07 / 27 / 2007

Transaction ID: AA3F20D3904474914AE2

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)  
Satellite Storage Of Shrewsbury

Mailing Address 2126 Kings Hwy.

City Ocean State NJ Zip Code 07712

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  
MM / DD / YYYY  
08 / 28 / 2007

Transaction ID: AA33A63579EE54845972

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)  
Benjamin Mann, Sr.

Mailing Address 23 Mann Ct

City Monmouth Beach State NJ Zip Code 07750-1052

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

Name of Employer Satellite Self Storage Occupation Partner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1450.00

Date of Receipt  
MM / DD / YYYY  
08 / 28 / 2007

Transaction ID: AB665A6FE164D4F2BA7B

Amount of Each Receipt this Period  
250.00

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

**[MEMO ITEM]**  
Partnership: Satellite St-orage Of Shrewsbury

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 63 / 150	
	(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)  
Benjamin J Mann, Jr.

Mailing Address 2126 Kings Hwy

City State Zip Code  
Ocean NJ 07712-7227

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

Name of Employer Information Requested Occupation  
Self Storage/partner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
450.00

Date of Receipt  

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

Transaction ID: A85DDD28CFF744364B73

Amount of Each Receipt this Period  
250.00

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

**[MEMO ITEM]**  
Partnership: Satellite Storage Of Shrewsbury

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	136642.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 64 / 150	
	(check only one)			
<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

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

Mailing Address 430 South Capitol St. Se

City State Zip Code  
Washington DC 20003

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
11.16

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2007

**Transaction ID:** A717D069F9B344F05A10

Amount of Each Receipt this Period  
11.16

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	11.16
<b>TOTAL</b> This Period (last page this line number only) .....	▶	11.16



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 150
	<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

Full Name (Last, First, Middle Initial) <b>A. Podiatry Pac</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 11 / 2007	
Mailing Address 9312 Old Georgetown Rd.		<b>Transaction ID: AEBA1EDAD522A41B9A55</b>	
City State Zip Code Bethesda MD 20814	Amount of Each Receipt this Period 1000.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. <b>C</b> c00008839			
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 ▼ 4000.00		

Full Name (Last, First, Middle Initial) <b>B. United Health Services PAC, Inc</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 11 / 2007	
Mailing Address PO Box 1210		<b>Transaction ID: A0028630391DE4F8DBF4</b>	
City State Zip Code Toccoa GA 30577	Amount of Each Receipt this Period 1000.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Sun Healthcare Pac</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 13 / 2007	
Mailing Address 101 Sun Ave. N.e.		<b>Transaction ID: A27417ED8CD3447D48B8</b>	
City State Zip Code Albuquerque NM 87109	Amount of Each Receipt this Period 2000.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 150
	<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

Full Name (Last, First, Middle Initial) <b>A. GGNSC HOLDINGS LLC/GOLDEN HORIZONS CARE PAC</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2007
Mailing Address 1250 H Street NW Suite 555		<b>Transaction ID: A1E84F3D0C11542628EE</b>
City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00346346		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>B. Direct Supply Inc. Partners Pac</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2007
Mailing Address 6767 N. Industrial Road		<b>Transaction ID: AFEEEB96CAEBC494CB6C</b>
City Milwaukee State WI Zip Code 53223	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00409516		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Greenberg &amp; Traurig</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2007
Mailing Address 800 Conn Ave. NW #500		<b>Transaction ID: A1DACA8089EED487FBBO</b>
City Washington State DC Zip Code 20006	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00266585		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 150
	<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)  
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Mailing Address 2000 N. 14th Street  
Suite 450

City Arlington State VA Zip Code 22201

FEC ID number of contributing federal political committee. **C** C00283135

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
07 / 17 / 2007

**Transaction ID:** A13C2F93E3C0F41B491F

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)  
Advocat Inc. Pac

Mailing Address 1621 Galleria Blvd.

City Brentwood State TN Zip Code 37027

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
07 / 17 / 2007

**Transaction ID:** A88C33CADD6C94BF184F

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)  
Watson Pharmaceuticals Pac

Mailing Address 311 Bonnie Circle

City Corona State CA Zip Code 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 ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
07 / 17 / 2007

**Transaction ID:** A743CD17174C948BCB5B

Amount of Each Receipt this Period  
1000.00

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

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 150
	<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

Full Name (Last, First, Middle Initial) <b>A. Amer Nurses Assn. Pac</b>		Date of Receipt MM / DD / YYYY 07 / 24 / 2007
Mailing Address 8515 Georgia Ave. #400		Transaction ID: A52B17D77C615496087E
City State Zip Code Silver Spring MD 20910	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> c00017525	Name of Employer Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. BECTON DICKINSON AND COMPANY POLITICAL ACTION COMMITTEE (BD PAC)</b>		Date of Receipt MM / DD / YYYY 07 / 26 / 2007
Mailing Address 1 Becton Drive MC 085		Transaction ID: AD24A07A76EE243349E5
City State Zip Code Franklin Lakes NJ 07417	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00376582	Name of Employer Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C. American College of Radiology Association</b>		Date of Receipt MM / DD / YYYY 07 / 26 / 2007
Mailing Address 1891 Preston White Drive		Transaction ID: AA03007CE6C804E64B4D
City State Zip Code Reston VA 20191	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> c00343459	Name of Employer Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 7000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 150
	<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

Full Name (Last, First, Middle Initial) <b>A. Siemens Corp Pac</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2007
Mailing Address 601 Penn. Ave. No. Bldg 1100		Transaction ID: A2A91B7F1EC40442C868 Amount of Each Receipt this Period 1000.00
City Washington State DC Zip Code 20004	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b> c00353797		
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>B. ST JUDE MEDICAL INC POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2007
Mailing Address 500 New Jersey Ave NW Suite 400		Transaction ID: A9E1E56CEE04046EF9D1 Amount of Each Receipt this Period 1000.00
City Washington State DC Zip Code 20001	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b> C00305029		
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 ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Ortho Pac</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 27 / 2007
Mailing Address 317 Mass. Ave. Ne		Transaction ID: ACB542E49E0884641B47 Amount of Each Receipt this Period 1500.00
City Washington State DC Zip Code 20002	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b> c00343137		
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 70 / 150
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> American Surgical Hospital Association		Date of Receipt M M / D D / Y Y Y Y Y 07 / 27 / 2007
Mailing Address 910 East 20th St.		<b>Transaction ID:</b> A24F99910073344F0872
City State Zip Code Sioux Falls SD 57105	FEC ID number of contributing federal political committee. <b>C</b> c00394163	Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Baxter Healthcare		Date of Receipt M M / D D / Y Y Y Y Y 07 / 27 / 2007
Mailing Address 800 Connecticut Ave NW Suite 1100		<b>Transaction ID:</b> AF73887EED4554E6589C
City State Zip Code Washington DC 20006	FEC ID number of contributing federal political committee. <b>C</b> c00117838	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Podiatry Pac		Date of Receipt M M / D D / Y Y Y Y Y 07 / 27 / 2007
Mailing Address 9312 Old Georgetown Rd.		<b>Transaction ID:</b> AB1104BF9D3BD4C78911
City State Zip Code Bethesda MD 20814	FEC ID number of contributing federal political committee. <b>C</b> c00008839	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 71 / 150</span>
	(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)  
United Transportation Union Pac

Mailing Address 14600 Detroit Ave.

City Cleveland State OH Zip Code 44107

FEC ID number of contributing federal political committee. **C** C00001636

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
07 / 27 / 2007

**Transaction ID:** A14434D8132EC43C7880

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)  
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 ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
07 / 27 / 2007

**Transaction ID:** AF662E81DACA64F36A5D

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)  
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 ▼ 3000.00

Date of Receipt  
MM / DD / YYYY  
07 / 27 / 2007

**Transaction ID:** AED0DDA98BE164BFD970

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) .....	<b>5500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 150
	<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)  
American Health Care Assn.  
Mailing Address 1201 L St. NW

City State Zip Code  
Washinton DC 20005

FEC ID number of contributing federal political committee. **C** C00006080

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  
07 / 27 / 2007

**Transaction ID:** A957D3AB5080B43A98AF

Amount of Each Receipt this Period  
4000.00

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

**B.** Full Name (Last, First, Middle Initial)  
American Chiropractic PAC  
Mailing Address 1701 Clarendon Blvd.

City State Zip Code  
Arlington VA 22209

FEC ID number of contributing federal political committee. **C** C00102764

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 / 27 / 2007

**Transaction ID:** A1DDA115BE08A4828996

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)  
ALSTON AND BIRD PAC  
Mailing Address 601 Pennsylvania Ave NW  
North Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00395723

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  
07 / 27 / 2007

**Transaction ID:** AAEE22B1E0F4C4A87B67

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) ..... ► **7000.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 150
	<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

Full Name (Last, First, Middle Initial) <b>A. Medco Health Pac</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 30 / 2007
Mailing Address 591 Redwood Hwy. Bldg. 4000		<b>Transaction ID: A492E8B9D3D964249B00</b>
City State Zip Code Mill Valley CA 94941	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b> c00384362		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>B. Kindred Healthcare Inc. Pac</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 30 / 2007
Mailing Address 680 4th St.		<b>Transaction ID: A6914E8A9F9714455A75</b>
City State Zip Code Louisville KY 40202	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00242271		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C. AETNA INC. POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 30 / 2007
Mailing Address 151 Farmington Avenue		<b>Transaction ID: A6FA89E8BCAE640C88C6</b>
City State Zip Code Hartford CT 06156	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00181826		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 74 / 150
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

Full Name (Last, First, Middle Initial) <b>A. Cardinal Health Inc. Pac</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 30 / 2007
Mailing Address 7000 Cardinal Place		<b>Transaction ID: AEB91954309754F60A55</b>
City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00332833		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. Medical Facilities Of Amer. Pac</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 30 / 2007
Mailing Address 2917 Penn Forest Blvd. #300		<b>Transaction ID: A2B2A3A49755F41568F2</b>
City State Zip Code Roanoke VA 24018	Amount of Each Receipt this Period 750.00	
FEC ID number of contributing federal political committee. <b>C</b> C00405472		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>C. Hcr Manor Care Pac</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 30 / 2007
Mailing Address Po Box 10086		<b>Transaction ID: A31E4B19944974271861</b>
City State Zip Code Toledo OH 43699	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00260141		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 150
	<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	

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) HDMA PAC Mailing Address 901 North Glebe Road Suite 1000 City Arlington State VA Zip Code 22203 FEC ID number of contributing federal political committee. <b>C</b> C00247569 Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 2 / 2 0 0 7 <b>Transaction ID:</b> ACB762C0A4ADE4732B54 Amount of Each Receipt this Period 2000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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<b>B.</b> Full Name (Last, First, Middle Initial) Medco Health Pac Mailing Address 591 Redwood Hwy. Bldg. 4000 City Mill Valley State CA Zip Code 94941 FEC ID number of contributing federal political committee. <b>C</b> c00384362 Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 2 / 2 0 0 7 <b>Transaction ID:</b> A8AC5CA97B4894DDC841 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
--	--	--

<b>C.</b> Full Name (Last, First, Middle Initial) Medtronic Medical Technology Fund Mailing Address 1420 New York Ave.. NW Suite 600 City Washington State DC Zip Code 20005 FEC ID number of contributing federal political committee. <b>C</b> C00311878 Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 2 / 2 0 0 7 <b>Transaction ID:</b> A857F3EBBECA2442881A Amount of Each Receipt this Period 2000.00 <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) .....	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 150
	<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

Full Name (Last, First, Middle Initial) <b>A. GENERAL MOTORS CORPORATION POLITICAL ACTION COMMITTEE (GM PAC)</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7
Mailing Address 25 Massachusetts Avenue Suite 400		<b>Transaction ID:</b> A7AE2C7DE2E3849C8B11
City Washington State DC Zip Code 20001	FEC ID number of contributing federal political committee. <b>C</b> C00076810	Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. Us Oncology Inc. Good Govt Cmte.</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7
Mailing Address 16825 Northchase Drive #1300		<b>Transaction ID:</b> A4A21BB96433E433B930
City Houston State TX Zip Code 77060	FEC ID number of contributing federal political committee. <b>C</b> c00339655	Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

Full Name (Last, First, Middle Initial) <b>C. EXPRESS SCRIPTS INC. POLITICAL FUND</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7
Mailing Address 13900 Riverport Drive		<b>Transaction ID:</b> A94E22FBFFC3040BFBD6
City Maryland Heights State MO Zip Code 63043	FEC ID number of contributing federal political committee. <b>C</b> C00365072	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 / 150
	<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)  
Amer College Of Cardiology Pac

Mailing Address 2400 N St. Nw 7th Fl

City Washington State DC Zip Code 20037

FEC ID number of contributing federal political committee. **C** c00375360

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  
08 / 15 / 2007

**Transaction ID:** AADF2A619ADE6483FAA1

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)  
BOSTON SCIENTIFIC CORPORATION POLITICAL ACTION COMMITTEE ('BSC PAC')

Mailing Address 1 Boston Scientific Pl

City Natick State MA Zip Code 01760

FEC ID number of contributing federal political committee. **C** C00357863

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 / 21 / 2007

**Transaction ID:** AC6AF92555CC94937A0F

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)  
Steamfitters Pipefitters 475 Pac

Mailing Address Po Box 4187

City Warren State NJ Zip Code 07059

FEC ID number of contributing federal political committee. **C** c00252395

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  
08 / 28 / 2007

**Transaction ID:** A8B29C4DC3C804B1F82F

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>7000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 78 / 150
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

**A.** Full Name (Last, First, Middle Initial)  
Ironworkers Political Action League

Mailing Address 1750 New York Ave NW

City State Zip Code  
Washington DC 20006

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 28 / 2007

**Transaction ID:** AB503B84A1E40493C8B4

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
At&t Federal Pac

Mailing Address 175 E. Houston, Rm

City State Zip Code  
San Antonio TX 78205

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 29 / 2007

**Transaction ID:** A492FA711C1DE4A728A0

Amount of Each Receipt this Period  
2500.00

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

**C.** Full Name (Last, First, Middle Initial)  
AMERICAN PHARMACISTS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 2215 Constitution Avenue NW

City State Zip Code  
Washington DC 20037

FEC ID number of contributing federal political committee. **C** C00193854

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 29 / 2007

**Transaction ID:** A0AE4F6C187D04310B89

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 / 150
	<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

Full Name (Last, First, Middle Initial) <b>A. Agua Caliente Band of Cahuilla Indians</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 04 / 2007
Mailing Address 600 East Tahquitz Canyon Way		<b>Transaction ID: A988312D0AAD54203B9F</b>
City State Zip Code Palm Springs CA 92262	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>B. C. R. BARD INC. ACTIVE CITIZENSHIP COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2007
Mailing Address 730 Central Avenue		<b>Transaction ID: A9D0879EBFB1E404EA2C</b>
City State Zip Code Murray Hill NJ 07974	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C C00359125	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>C. Affinity Fed. Credit Union Pac</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2007
Mailing Address Po Box 750		<b>Transaction ID: A0D82FE115ACF48D6BD6</b>
City State Zip Code Bedminster NJ 07921	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00337113	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 80 / 150
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

**A.** Full Name (Last, First, Middle Initial)  
lbew-cope

Mailing Address 900 17th Nw

City Washington State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  

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

**Transaction ID:** A5E24034C13A84533B5C

Amount of Each Receipt this Period  
4000.00

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

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

Mailing Address 1625 L St. Nw

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  

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

**Transaction ID:** A6C04CFBFD08C482CB7C

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 ASSOCIATION OF CHAIN DRUG STORES, INC. POLITICAL ACTION COMMITTEE

Mailing Address 413 North Lee Street

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00022368

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  

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

**Transaction ID:** A6B5F17A6CD69414BA9D

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	7500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 / 150
	<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

Full Name (Last, First, Middle Initial) <b>A. Johnson &amp; Johnson Political Action Committee</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2007
Mailing Address One Johnson & Johnson Plaza		Transaction ID: AA6A20C626A5449C2BEF Amount of Each Receipt this Period 2000.00
City State Zip Code New Brunswick NJ 08933-7204	FEC ID number of contributing federal political committee. <b>C</b> C00010983	
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 2000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) <b>B. Salt River P-m Indian Comm.</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2007
Mailing Address 10005 E. Osborn Rd.		Transaction ID: AB9F04C4A333E4B9F87F Amount of Each Receipt this Period 2300.00
City State Zip Code Scottsdale AZ 85256	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 2300.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) <b>C. Amer Optometric Pac</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2007
Mailing Address 1505 Prince St.		Transaction ID: A7297059B5941425A9A8 Amount of Each Receipt this Period 2500.00
City State Zip Code Alexandria VA 22314	FEC ID number of contributing federal political committee. <b>C</b> c00024968	
Name of Employer Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 7500.00	<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) ..... ▶	6800.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 / 150
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Natl Funeral Directors Assn. Pac		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2007	
Mailing Address 13625 Bishop's Drive		Transaction ID: ADC7B590897934B98AE7	
City Brookfield	State WI	Zip Code 53005	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b> c00204008		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> American Speech Language Hearing		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2007	
Mailing Address 10801 Rockville Pike		Transaction ID: AB7E3DAE4784C4C5BA5E	
City Rockville	State MD	Zip Code 20852	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b> C00210666		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ocean Champions Pac		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2007	
Mailing Address 202 San Jose Ave.		Transaction ID: A1751E496BFB3438A807	
City Capitola	State CA	Zip Code 95010	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. <b>C</b> C00393769		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 83 / 150
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

**A.** Full Name (Last, First, Middle Initial)  
Oral & Maxillofacial Surgery Pac

Mailing Address 9700 W. Bryn Mawr Ave.

City State Zip Code  
Rosemont IL 60018

FEC ID number of contributing federal political committee. **C** c00005660

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  
09 / 08 / 2007

**Transaction ID:** ABB096DA96DE74B73B59

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)  
Electrical Construction Pac

Mailing Address 3 Betherda Metro Center

City State Zip Code  
Bethesda MD 20814

FEC ID number of contributing federal political committee. **C** C00113811

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 08 / 2007

**Transaction ID:** AEB02C6D60A9A4602857

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 Chiropractic PAC

Mailing Address 1701 Clarendon Blvd.

City State Zip Code  
Arlington VA 22209

FEC ID number of contributing federal political committee. **C** C00102764

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 08 / 2007

**Transaction ID:** AE7EEAD45772848E1B1B

Amount of Each Receipt this Period  
1000.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 84 / 150
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

**A.** Full Name (Last, First, Middle Initial)  
Plumbers & Pipefitters Local #9 PAC

Mailing Address 2 Iron Ore Rd.

City State Zip Code  
Englishtown NJ 07726

FEC ID number of contributing federal political committee. **C** C00155440

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  
09 / 08 / 2007

**Transaction ID:** A0B8A76E2FBF047BA860

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 INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS POLITICAL ACTION COMMITTEE

Mailing Address 220 Leigh Farm Rd

City State Zip Code  
Durham NC 27707

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  
M M / D D / Y Y Y Y  
09 / 08 / 2007

**Transaction ID:** AE8FFD2A69D6C4D3DB65

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)  
Oral & Maxillofacial Surgery Pac

Mailing Address 9700 W. Bryn Mawr Ave.

City State Zip Code  
Rosemont IL 60018

FEC ID number of contributing federal political committee. **C** c00005660

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  
09 / 08 / 2007

**Transaction ID:** AD2F52E8A38944F09855

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 85 / 150
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

Full Name (Last, First, Middle Initial) <b>A. Ups Pac</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 08 / 2007
Mailing Address 55 Glenlake Parkway Ne		Transaction ID: A08F5D57A69384BA8B72
City Atlanta State GA Zip Code 30328	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b> c00064766		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. American Medical Association</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 08 / 2007
Mailing Address 1101 Vermont Ave., NW		Transaction ID: AB145B0C8D4F54367B62
City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00000422		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Amalgamated Transit Union Cope</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 08 / 2007
Mailing Address 5025 Wisconsin Ave. NW		Transaction ID: A0A737E210296444EBF2
City Washington State DC Zip Code 20016	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00032995		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 / 150
	<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

Full Name (Last, First, Middle Initial) Ent Pac		Date of Receipt M M / D D / Y Y Y Y Y 09 / 08 / 2007	
Mailing Address One Prince St.		Transaction ID: A7F1A029002B64339A70	
City Alexandria	State VA	Zip Code 22314	Amount of Each Receipt this Period 1500.00
FEC ID number of contributing federal political committee. C c00306449		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) Physical Therapy Pac		Date of Receipt M M / D D / Y Y Y Y Y 09 / 10 / 2007	
Mailing Address 1111 No. Fairfax St.		Transaction ID: A3272630C96A04E35AA4	
City Alexandria	State VA	Zip Code 22314	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C c00012880		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) Nat'l Assn. Of Insurance & Financial Adv		Date of Receipt M M / D D / Y Y Y Y Y 09 / 10 / 2007	
Mailing Address Po Box 12012		Transaction ID: ADE2071BC7A6640D3BB5	
City Falls Church	State VA	Zip Code 22042	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C c00005249		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 87 / 150
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

Full Name (Last, First, Middle Initial) <b>A. American College of Radiology Association</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2007
Mailing Address 1891 Preston White Drive		<b>Transaction ID: AC212C95973634CEC882</b>
City Reston	State VA	Zip Code 20191
FEC ID number of contributing federal political committee. <b>C</b> c00343459		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 8000.00	

Full Name (Last, First, Middle Initial) <b>B. NATIONAL EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 13 / 2007
Mailing Address 2121 K Street NW Suite #325		<b>Transaction ID: AFF16F02970C84801884</b>
City Washington	State DC	Zip Code 20037
FEC ID number of contributing federal political committee. <b>C</b> C00140061		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Drive Political Fund</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 13 / 2007
Mailing Address 25 Louisiana Ave. NW		<b>Transaction ID: ADA5481E00D424D94A0E</b>
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 88 / 150
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

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

Mailing Address 1050 31st St. NW

City Washington State DC Zip Code 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 ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 14 / 2007

**Transaction ID:** A16612A0B491D4791B24

Amount of Each Receipt this Period  
4000.00

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 ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 14 / 2007

**Transaction ID:** A7A83DF4A4625446D957

Amount of Each Receipt this Period  
4000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Natl Acad.of Elder Law Atty Pac

Mailing Address 1604 N. Country Club Road

City Tucson State AZ Zip Code 85716

FEC ID number of contributing federal political committee. **C** C00393553

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 / 20 / 2007

**Transaction ID:** A50B0FDDCAA72434691E

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) ..... ► **9000.00**

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 / 150
	<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

Full Name (Last, First, Middle Initial) <b>A. Amer Occupational Therapy Assn. Pac</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2007	
Mailing Address Po Box 31220		<b>Transaction ID: A8C56691543B84AA8856</b>	
City Bethesda	State MD	Zip Code 20824	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b> c00089086		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>B. Scotts Valley Band of Pomo Indians</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 24 / 2007	
Mailing Address 301 Industrial Avenue		<b>Transaction ID: A349AA1E418554773A79</b>	
City Lakeport	State CA	Zip Code 95453	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		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Twenty-Nine Palms Band of Mission Indians</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 24 / 2007	
Mailing Address 46-200 Harrison Pl.		<b>Transaction ID: A1B6F763113484CA6B5D</b>	
City Coachella	State CA	Zip Code 92236	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		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1800.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER: PAGE 90 / 150  
(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)  
Napus Pac For Postmasters

Mailing Address 8 Herbert St.

City State Zip Code  
Alexandria VA 22305

FEC ID number of contributing federal political committee. **C** C00100404

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 24 / 2007

**Transaction ID:** A657C564885344D138AF

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)  
GENENTECH INC POLITICAL ACTION COMMITTEE

Mailing Address 1399 New York Ave NW  
Suite 300

City State Zip Code  
Washington DC 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 ▼  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 24 / 2007

**Transaction ID:** A0F64C4AE833343D1B9D

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)  
Elk Valley Rancheria

Mailing Address 2332 Howland Hill Road

City State Zip Code  
Crescent City CA 95531

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 24 / 2007

**Transaction ID:** A94BB22C8C1284342AFD

Amount of Each Receipt this Period  
2000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 / 150
	<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

Full Name (Last, First, Middle Initial) <b>A. Amer Hospital Assn. Pac</b>		Date of Receipt MM / DD / YYYY 09 / 24 / 2007
Mailing Address 325 7th St. Nw		<b>Transaction ID: A73D1C315BFCA49F0886</b>
City Washington State DC Zip Code 20004	FEC ID number of contributing federal political committee. <b>C</b> c00106146	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 4000.00		

Full Name (Last, First, Middle Initial) <b>B. Twenty-Nine Palms Band of Mission Indians</b>		Date of Receipt MM / DD / YYYY 09 / 24 / 2007
Mailing Address 46-200 Harrison Pl.		<b>Transaction ID: A9EF1AF2A85F44E1C805</b>
City Coachella State CA Zip Code 92236	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 700.00
Name of Employer Occupation	Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 3000.00		

Full Name (Last, First, Middle Initial) <b>C. Ctia Pac</b>		Date of Receipt MM / DD / YYYY 09 / 24 / 2007
Mailing Address 1400 16th St. Nw #600		<b>Transaction ID: AC23E453FBBAD4617BED</b>
City Washington State DC Zip Code 20036	FEC ID number of contributing federal political committee. <b>C</b> C00262295	Amount of Each Receipt this Period 1500.00
Name of Employer Occupation	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 1500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3200.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 92 / 150  
(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)  
WEXLER & WALKER PUBLIC POLICY ASSOCIATES PAC (A UNIT OF HILL & KNOWLTON)  
 Mailing Address 1317 F Street NW  
Ste. 600  
 City State Zip Code  
Washington DC 20004  
 FEC ID number of contributing federal political committee. **C** C00248195  
 Name of Employer Occupation  
 Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 2 4 / 2 0 0 7  
**Transaction ID:** A7CDD1BF6923F4BC4B12  
 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)  
Barona Band of Mission Indians  
 Mailing Address 1095 Barona Rd.  
 City State Zip Code  
Lakeside CA 92040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 3300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 2 4 / 2 0 0 7  
**Transaction ID:** A85C36DB2C9464450B9A  
 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)  
The lone Band of Miwok Indians  
 Mailing Address P.O. Box 1190  
 City State Zip Code  
lone CA 95640  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 2 4 / 2 0 0 7  
**Transaction ID:** AA942B488F0934614B6B  
 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 / 150
	<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

Full Name (Last, First, Middle Initial) <b>A. Asbestos Workers Pac</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 24 / 2007
Mailing Address 9602 Martin Luther King Hwy		<b>Transaction ID: A04B81FD2241E4069843</b>
City Lanham      State MD      Zip Code 20706	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> c00115527		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>B. RENAL PHYSICIANS ASSOCIATION PAC RPA PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 24 / 2007
Mailing Address 1700 Rockville Pike Suite 220		<b>Transaction ID: AAF5102362DA74C0FB23</b>
City Rockville      State MD      Zip Code 20852	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00409391		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Campo Band of Mission Indians</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 24 / 2007
Mailing Address 36190 Church Road Suite 1		<b>Transaction ID: A6F2AF4534CFE4CFF8B2</b>
City Campo      State CA      Zip Code 91906	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	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 / 150
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Barona Band of Mission Indians		Date of Receipt M M / D D / Y Y Y Y Y 09 / 24 / 2007
Mailing Address 1095 Barona Rd.		<b>Transaction ID:</b> AC90AD670C8D148BE800
City State Zip Code Lakeside CA 92040	Amount of Each Receipt this Period 1300.00	
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	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 3300.00	

Full Name (Last, First, Middle Initial) <b>B.</b> CAP-MPT Federal Political Action Committee		Date of Receipt M M / D D / Y Y Y Y Y 09 / 26 / 2007
Mailing Address 333 S. Hope Street 8th Floor		<b>Transaction ID:</b> AD73D6D1AD12E4E62987
City State Zip Code Los Angeles CA 90071	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b> c00161604	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Microsoft Corp. Pac		Date of Receipt M M / D D / Y Y Y Y Y 09 / 26 / 2007
Mailing Address Po Box 97017		<b>Transaction ID:</b> AE0F3AA4377F0405992E
City State Zip Code Redmond WA 97017	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00227546	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>3050.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 / 150
	<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)  
Sherwood Valley Rancheria

Mailing Address 190 Sherwood Hills Drive

City Willits State CA Zip Code 95490

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 27 / 2007

**Transaction ID:** A19D09F12CD7248BEB15

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)  
Intl Union of Operating Engineers

Mailing Address 1125 17th St. NW

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 27 / 2007

**Transaction ID:** A91B5508A955441E0BC7

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)  
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 ▼  
4500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 27 / 2007

**Transaction ID:** A0E3BB496C21842908C5

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) ..... ▶ **5000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 / 150
	<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)  
Intl Union Of Painters And Allied Trade

Mailing Address 1750 New York Ave. Nw

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00000885

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2007

**Transaction ID:** A4840CA54EFF943448D9

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)  
SANOFI-AVENTIS GROUP EMPLOYEES POLITICAL ACTION COMMITTEE

Mailing Address 300 Somerset Corporate Blvd.  
Mail Stop: SC3-125A

City Bridgewater State NJ Zip Code 08807

FEC ID number of contributing federal political committee. **C** C00144345

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2007

**Transaction ID:** A9A7B3A943AB54EE8B62

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)  
BLUEPAC- BLUE CROSS BLUE SHIELD ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1310 G Street NW

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2007

**Transaction ID:** A9D475D7BDEB240729F1

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) ..... ► 7000.00

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 / 150
	<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)  
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 ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2007

**Transaction ID:** AEB4577E3D11F42EEAEB

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)  
Morongo Band of Mission Indians

Mailing Address 11581 Potrero Rd.

City State Zip Code  
Banning CA 92220

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

Name of Employer Occupation

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4600.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2007

**Transaction ID:** A50ED4AB8EF9C4B52825

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)  
College Of Amer. Pathologists Pac

Mailing Address 1350 I St. Nw

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** c00274944

Name of Employer Occupation

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
8500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2007

**Transaction ID:** A3B10F59AF0E94732B17

Amount of Each Receipt this Period  
2500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	6300.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 98 / 150</span>			
	(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

Full Name (Last, First, Middle Initial) <b>A. Pechanga Band of Mission Indians</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2007	
Mailing Address P.O. Box 1477		<b>Transaction ID: AD514266A180B4804A72</b>	
City Temecula	State CA	Zip Code 92593	Amount of Each Receipt this Period 2100.00
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2100.00	
<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)			

Full Name (Last, First, Middle Initial) <b>B. National Multi Housing Council</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2007	
Mailing Address 1850 M St. NW #540		<b>Transaction ID: A87AD4CB152F5424AB9B</b>	
City Washington	State DC	Zip Code 20036	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00130773			
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 ▼ 5000.00	
<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)			

Full Name (Last, First, Middle Initial) <b>C. Jicarilla Apache Nation</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2007	
Mailing Address P.O. Box 507		<b>Transaction ID: A34F549E8D1D347368E2</b>	
City Dulce	State NM	Zip Code 87528	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	
<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) ..... ▶	4100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 / 150
	<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

Full Name (Last, First, Middle Initial) <b>A. Saginaw Chippewa Indian Nation</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2007	
Mailing Address 7070 E. Broadway		<b>Transaction ID: A9310D3E85C7843A0BFF</b>	
City State Zip Code Mt. Pleasant MI 48858	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 3000.00		

Full Name (Last, First, Middle Initial) <b>B. Soboba Tribe of Luiseno Indians</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2007	
Mailing Address P.O. Box 487		<b>Transaction ID: A3F22DBC077BD4303832</b>	
City State Zip Code San Jacinto CA 92581	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	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>C. Verizon Communications Inc. Good Govt Fund</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2007	
Mailing Address 1717 Arch St. 47-s		<b>Transaction ID: A31DF25F0A5B24495A0F</b>	
City State Zip Code Philadelphia PA 19103	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00186288	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 / 150
	<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

Full Name (Last, First, Middle Initial) <b>A. Delta PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2007	
Mailing Address 1275 K St. #1200		<b>Transaction ID: AB2238508592C492987D</b>	
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00213819	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation	Election Cycle-to-Date ▼ 5000.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. National Indian Gaming Association</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2007	
Mailing Address 224 Second St. SE		<b>Transaction ID: A121E6B7CF468464DA59</b>	
City State Zip Code Washington DC 20003	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00367177	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation	Election Cycle-to-Date ▼ 1000.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. National Multi Housing Council</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2007	
Mailing Address 1850 M St. NW #540		<b>Transaction ID: A687079FD09174253833</b>	
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 4000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00130773	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation	Election Cycle-to-Date ▼ 5000.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	10000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 / 150
	<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

Full Name (Last, First, Middle Initial) <b>A. Treasury Employees Pac</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2007
Mailing Address 1750 H St. Nw		<b>Transaction ID: AF146F43EF459434B933</b>
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00107128		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>B. Sonnenschien Pac</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2007
Mailing Address 1301 K St. Nw #600 East Tower		<b>Transaction ID: AADA94F57E7CA40458D4</b>
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00216127		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>C. Carpenters Leg Improvement Cmt</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2007
Mailing Address 101 Constitution Ave. Nw		<b>Transaction ID: A148A4CD5C81D4871BDA</b>
City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> c00001016		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 / 150
	<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)  
Bricklayers & Allied Craftsmen Pac

Mailing Address 1776 Eye St. Nw

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00003632

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 30 / 2007

**Transaction ID:** A8FD17DD4D0744DE0943

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)  
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 ▼ 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 30 / 2007

**Transaction ID:** A40F7E402A45A45B8AE5

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)  
Institute Of Scrap Recycling Ind. Pac

Mailing Address 1325 G St. Nw

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** c00046086

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 30 / 2007

**Transaction ID:** AC74CD264D4B049A4BE5

Amount of Each Receipt this Period  
 3000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>6000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 103 / 150
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

**A.** Full Name (Last, First, Middle Initial)  
OWENS-ILLINOIS INC EMPLOYEES GOOD CITIZENSHIP FUND

Mailing Address 1 Michael Owens Way

City State Zip Code  
Perrysburg OH 43551

FEC ID number of contributing federal political committee. **C** C00034330

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 / 2007

**Transaction ID:** ADD0B1F41001842B9B96

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)  
National Association of Broadcasters

Mailing Address 1771 N Street NW

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00009985

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  
09 / 30 / 2007

**Transaction ID:** A47250CC5EF254042B19

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)  
Novartis PAC

Mailing Address 701 Penn St. NW Suite 725

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00033969

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  
09 / 30 / 2007

**Transaction ID:** A06969BBD47104A43B27

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) ..... ► **5000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 / 150
	<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

Full Name (Last, First, Middle Initial) <b>A. Saginaw Chippewa Indian Nation</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2007	
Mailing Address 7070 E. Broadway		<b>Transaction ID: A3C270C1B805C4EA9945</b>	
City State Zip Code Mt. Pleasant MI 48858	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 Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 3000.00		

Full Name (Last, First, Middle Initial) <b>B. Advanced Medical Technology Assn. Pac</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2007	
Mailing Address 1200 G St. Nw #400		<b>Transaction ID: ACD1A7F8F753943DDB18</b>	
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00340356		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>C. Morongo Band of Mission Indians</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2007	
Mailing Address 11581 Potrero Rd.		<b>Transaction ID: AD6C32A7DDC414789978</b>	
City State Zip Code Banning CA 92220	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 Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 4600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	189300.00



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 / 150
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Bank Of America		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2007	
Mailing Address 577 Broadway		<b>Transaction ID:</b> A10A04466E6AD4D4B813	
City State Zip Code Long Branch NJ 07740		Amount of Each Receipt this Period 7563.97	
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 Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Information Requested Election Cycle-to-Date ▼ 60259.57	

Full Name (Last, First, Middle Initial) <b>B.</b> Bank Of America		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2007	
Mailing Address 577 Broadway		<b>Transaction ID:</b> A0CDD21E41DAB4B4FAFE	
City State Zip Code Long Branch NJ 07740		Amount of Each Receipt this Period 7378.61	
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 Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Information Requested Election Cycle-to-Date ▼ 75241.43	

Full Name (Last, First, Middle Initial) <b>C.</b> Bank Of America		Date of Receipt M M / D D / Y Y Y Y Y 08 / 31 / 2007	
Mailing Address 577 Broadway		<b>Transaction ID:</b> A436102CE9775444A8C6	
City State Zip Code Long Branch NJ 07740		Amount of Each Receipt this Period 7603.25	
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 Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Information Requested Election Cycle-to-Date ▼ 67862.82	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>22545.83</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<b>22545.83</b>

**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

Full Name (Last, First, Middle Initial) <b>A. Lyle Dennis</b>		<b>Transaction ID:</b> B6885EF4ACBB2455F9E2 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 0 7
Mailing Address 11515 Noah"s Landing Ct		Amount of Each Disbursement this Period 542.00
City Manassas State VA Zip Code 20112-3580	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement In-kind:		Category/ Type
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:		

Full Name (Last, First, Middle Initial) <b>B. Panos Haitayan</b>		<b>Transaction ID:</b> BD72E33115F274793B0D Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 7
Mailing Address 1709 Golf Club Dr		Amount of Each Disbursement this Period 450.00
City Glendale State CA Zip Code 91206-1328	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement In-kind:		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>C. Ardashes Kassakhian</b>		<b>Transaction ID:</b> BAEC13308F75C40F5B18 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 7
Mailing Address 1409 Val Verde Place		Amount of Each Disbursement this Period 500.00
City Glendale State CA Zip Code 91208-1119	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement In-kind:		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1492.00
<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 107 / 150

<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. DCCC</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address 430 South Capitol St. Se</p>		<p><b>Transaction ID:</b> B717D069F9B344F05A10</p> <p>Date of Disbursement 09 / 30 / 2007</p>
<p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement In-kind: <input type="checkbox"/> Category/Type</p> <p>Candidate Name</p>	<p>Amount of Each Disbursement this Period 11.16</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p><b>B. Bank Of America</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address 577 Broadway</p>		<p><b>Transaction ID:</b> BF32779F6FD934891ACE</p> <p>Date of Disbursement 07 / 02 / 2007</p>
<p>City Long Branch State NJ Zip Code 07740</p> <p>Purpose of Disbursement Merchant Fees <input type="checkbox"/> Category/Type</p> <p>Candidate Name</p>	<p>Amount of Each Disbursement this Period 32.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p><b>C. Marilyn Regan</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address 41 Werah Place</p>		<p><b>Transaction ID:</b> BA4D8AD84B90948CFBB5</p> <p>Date of Disbursement 07 / 02 / 2007</p>
<p>City Oceanport State NJ Zip Code 07757-1533</p> <p>Purpose of Disbursement Salary <input type="checkbox"/> Category/Type</p> <p>Candidate Name</p>	<p>Amount of Each Disbursement this Period 1723.75</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

**SUBTOTAL** of Disbursements This Page (optional) ..... **1767.41**

**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 108 / 150

<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

Full Name (Last, First, Middle Initial) <b>A. Matthew B. Montekio</b>		<b>Transaction ID:</b> B9890CD13034C40AB994 Date of Disbursement 07 / 02 / 2007
Mailing Address 118 Flintlock Dr		Amount of Each Disbursement this Period 1388.26
City Lakewood State NJ Zip Code 08701-4119	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Salary Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Bruce W. Woolley</b>		<b>Transaction ID:</b> B1FCB9890F1494B2DA87 Date of Disbursement 07 / 02 / 2007
Mailing Address PO Box 4088		Amount of Each Disbursement this Period 2400.00
City Long Branch State NJ Zip Code 07740-4088	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Rent Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Chira, LLC</b>		<b>Transaction ID:</b> B4A5480D170B9457792 Date of Disbursement 07 / 02 / 2007
Mailing Address 610 Joline Ave.		Amount of Each Disbursement this Period 187.25
City Long Branch State NJ Zip Code 07740	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Storage Unit Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3975.51</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 109 / 150

<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

Full Name (Last, First, Middle Initial) <b>A. Joseph Turpin</b>		<b>Transaction ID:</b> B2ABE66789D6B43E9BEE Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 7
Mailing Address 40 Hobart Manor		Amount of Each Disbursement this Period 150.00
City Long Branch State NJ Zip Code 07740-7447	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Casual Labor	Candidate Name	Category/ Type
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Cash</b>		<b>Transaction ID:</b> BDBD1754D74D344C0838 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 7
Mailing Address 495 Broadway		Amount of Each Disbursement this Period 200.00
City Long Branch State NJ Zip Code 07740	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Replenish Petty Cash	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		<b>Transaction ID:</b> B35950BEDA594419ABA7 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 7
Mailing Address Po Box 1270		Amount of Each Disbursement this Period 5.95
City Newark State NJ Zip Code 07101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Credit Card Collection Fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	355.95
<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) 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 Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> BE46D2D99127947C4B8D</p> <p>Date of Disbursement 07 / 11 / 2007</p> <p>Amount of Each Disbursement this Period 2876.47</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) 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> B9884FADA5748472C8B1</p> <p>Date of Disbursement 07 / 11 / 2007</p> <p>Amount of Each Disbursement this Period 299.87</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 Telephone 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> BB55E0DEE7DAF41C4969</p> <p>Date of Disbursement 07 / 11 / 2007</p> <p>Amount of Each Disbursement this Period 895.59</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) ..... ▶

4071.93

**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

Full Name (Last, First, Middle Initial) <b>A. Bank Of America</b>		<b>Transaction ID:</b> B362D96B17C124715A0B Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 7
Mailing Address 577 Broadway		Amount of Each Disbursement this Period 5.00
City Long Branch State NJ Zip Code 07740	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Return Items Fee	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Bank Of America</b>		<b>Transaction ID:</b> BD0DAE260F0A54B9F9E4 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 0 7
Mailing Address 577 Broadway		Amount of Each Disbursement this Period 2922.53
City Long Branch State NJ Zip Code 07740	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement 941 Tax Payment	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Bank Of America</b>		<b>Transaction ID:</b> B93E7E270A5554EBF9DD Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 0 7
Mailing Address 577 Broadway		Amount of Each Disbursement this Period 0.20
City Long Branch State NJ Zip Code 07740	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement 941 Tax Payment	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2927.73
<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

Full Name (Last, First, Middle Initial) <b>A. Marilyn Regan</b>		<b>Transaction ID:</b> BAA8F4EA7C1A54A9BBC2 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 0 7
Mailing Address 41 Werah Place		Amount of Each Disbursement this Period 1723.75
City Oceanport State NJ Zip Code 07757-1533	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Salary Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Matthew B. Montekio</b>		<b>Transaction ID:</b> B80B8673809494D3EA95 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 0 7
Mailing Address 118 Flintlock Dr		Amount of Each Disbursement this Period 1398.44
City Lakewood State NJ Zip Code 08701-4119	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Salary Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Comcast</b>		<b>Transaction ID:</b> B42B66E8C1BBC4DD092C Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 7
Mailing Address Po Box 840		Amount of Each Disbursement this Period 83.78
City Newark State NJ Zip Code 07101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TV Service Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **3205.97**

**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)

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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

Full Name (Last, First, Middle Initial) <b>A. Quill Corp.</b>		<b>Transaction ID:</b> B2E9B738E9E43478AAA2 Date of Disbursement 07 / 17 / 2007
Mailing Address Po Box 94081		Amount of Each Disbursement this Period 57.32
City Palatine State IL Zip Code 60094	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Supplies Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. State Of New Jersey Nj-927</b>		<b>Transaction ID:</b> BD76FEE26D67D4EEF9AD Date of Disbursement 07 / 17 / 2007
Mailing Address Po Box 632		Amount of Each Disbursement this Period 5188.99
City Trenton State NJ Zip Code 08846	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement 2nd Qtr Payment Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Horizon Bc/bs Of Nj</b>		<b>Transaction ID:</b> B8168E04D3A5C4E9DB57 Date of Disbursement 07 / 17 / 2007
Mailing Address Po Box 1738		Amount of Each Disbursement this Period 394.45
City Newark State NJ Zip Code 07101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Health Insurance Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5640.76</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)

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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

Full Name (Last, First, Middle Initial) <b>A. Cavarocchi Ruscio Dennis Co.</b>		<b>Transaction ID:</b> BD338D7CBF4064C56B56 Date of Disbursement 07 / 17 / 2007
Mailing Address 316 Mass. Ave. Se		Amount of Each Disbursement this Period 432.96
City Washington State DC Zip Code 20002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Rent & Telephone Service	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Aristotle Int'l Inc.</b>		<b>Transaction ID:</b> B8ACBB69662D04BFEB6A Date of Disbursement 07 / 20 / 2007
Mailing Address 200 Penn. Ave. SE		Amount of Each Disbursement this Period 2400.00
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Data Base Equipment	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Monmouth University</b>		<b>Transaction ID:</b> BBDE9B630204B45FDB96 Date of Disbursement 07 / 20 / 2007
Mailing Address 400 Cedar Avenue		Amount of Each Disbursement this Period 1150.25
City West Long Branch State NJ Zip Code 07764	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Supplies for Spring Awards Ceremony	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3983.21</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

Full Name (Last, First, Middle Initial) <b>A. Kessler's, Inc.</b>		<b>Transaction ID:</b> B9093BB22C8414F92AC4 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 7
Mailing Address    Box 2359		Amount of Each Disbursement this Period 3749.45
City Elberon	State    Zip Code NJ        07740	
Purpose of Disbursement Fundraiser Food/Bev		<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	Disbursement For:    2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:                District:		

Full Name (Last, First, Middle Initial) <b>B. Ocean Chapter Of Drifters</b>		<b>Transaction ID:</b> BDCCF43C166AF4603A42 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 7
Mailing Address    280 Florence Ave.		Amount of Each Disbursement this Period 250.00
City Long Branch	State    Zip Code NJ        07740	
Purpose of Disbursement tickets		<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	Disbursement For:    2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:                District:		

Full Name (Last, First, Middle Initial) <b>C. Friendly Sons of the Shillelagh</b>		<b>Transaction ID:</b> B62F96208A6D24C5B849 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 0 7
Mailing Address    1731 K St.		Amount of Each Disbursement this Period 100.00
City Wall	State    Zip Code NJ        07719	
Purpose of Disbursement Ad		<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	Disbursement For:    2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:                District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4099.45
<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

Full Name (Last, First, Middle Initial) <b>A. Bruce W. Woolley</b>		<b>Transaction ID:</b> B788B4C13B1B54EADA48 Date of Disbursement 07 / 30 / 2007
Mailing Address PO Box 4088		Amount of Each Disbursement this Period 2400.00
City Long Branch State NJ Zip Code 07740-4088	Purpose of Disbursement Rent Candidate Name Category/Type	
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		<b>Transaction ID:</b> BE18C1E3F2BE4480FBDA Date of Disbursement 08 / 01 / 2007
Mailing Address Po Box 1270		Amount of Each Disbursement this Period 5.95
City Newark State NJ Zip Code 07101	Purpose of Disbursement Credit Card Collection Fee Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. Bank Of America</b>		<b>Transaction ID:</b> BE87C80C4914D4DB4B98 Date of Disbursement 08 / 01 / 2007
Mailing Address 577 Broadway		Amount of Each Disbursement this Period 32.50
City Long Branch State NJ Zip Code 07740	Purpose of Disbursement Merchant Fees Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<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>2438.45</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. Matthew B. Montekio</b> Full Name (Last, First, Middle Initial) Mailing Address 118 Flintlock Dr City Lakewood State NJ Zip Code 08701-4119 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: BDD4E68C326C242829EA</b> Date of Disbursement 08 / 06 / 2007 Amount of Each Disbursement this Period 1398.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B. Frank J Lankey, Jr.</b> Full Name (Last, First, Middle Initial) Mailing Address 3952 Park Ave City Edison State NJ Zip Code 08820-3010 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: B22155393366D41B0902</b> Date of Disbursement 08 / 06 / 2007 Amount of Each Disbursement this Period 905.83 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C. Marilyn Regan</b> Full Name (Last, First, Middle Initial) Mailing Address 41 Werah Place City Oceanport State NJ Zip Code 07757-1533 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: B3C9CDEE765E247A3B74</b> Date of Disbursement 08 / 06 / 2007 Amount of Each Disbursement this Period 1723.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

**4028.02**

**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

Full Name (Last, First, Middle Initial) <b>A. Quill Corp.</b>		Transaction ID: B55264AFA41864F11944 Date of Disbursement 08 / 08 / 2007
Mailing Address Po Box 94081		Amount of Each Disbursement this Period 292.94
City Palatine State IL Zip Code 60094	Purpose of Disbursement Supplies	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Paul David Partywares</b>		Transaction ID: B42A24D4F8DC248769C4 Date of Disbursement 08 / 13 / 2007
Mailing Address 60 Riordan Pl.		Amount of Each Disbursement this Period 938.23
City Shrewsbury State NJ Zip Code 07702	Purpose of Disbursement Party Supplies	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Bank Of America</b>		Transaction ID: B46103E10F6964F44926 Date of Disbursement 08 / 13 / 2007
Mailing Address 577 Broadway		Amount of Each Disbursement this Period 2902.76
City Long Branch State NJ Zip Code 07740	Purpose of Disbursement 941 Payment	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4133.93</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

Full Name (Last, First, Middle Initial) <b>A. Konica Business Technology</b>		<b>Transaction ID:</b> B469F638094F74012AAE Date of Disbursement 08 / 13 / 2007
Mailing Address Po Box 41601		Amount of Each Disbursement this Period 289.22
City Philadelphia State PA Zip Code 19101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Copier Lease Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Verizon</b>		<b>Transaction ID:</b> BC1B95BB5ED584A4799F Date of Disbursement 08 / 13 / 2007
Mailing Address Po Box 4833		Amount of Each Disbursement this Period 886.22
City Trenton State NJ Zip Code 08650	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone Service Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Marilyn Regan</b>		<b>Transaction ID:</b> BED59E38BAA0042C592F Date of Disbursement 08 / 15 / 2007
Mailing Address 41 Werah Place		Amount of Each Disbursement this Period 1723.75
City Oceanport State NJ Zip Code 07757-1533	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Salary Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2899.19
<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

Full Name (Last, First, Middle Initial) <b>A. Frank J Lankey, Jr.</b>		<b>Transaction ID:</b> BC8F34BEB03F7480BB26 Date of Disbursement 08 / 15 / 2007
Mailing Address 3952 Park Ave		Amount of Each Disbursement this Period 905.83
City Edison State NJ Zip Code 08820-3010	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Salary Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Matthew B. Montekio</b>		<b>Transaction ID:</b> BFF4C7B0E3F3C4756BD7 Date of Disbursement 08 / 15 / 2007
Mailing Address 118 Flintlock Dr		Amount of Each Disbursement this Period 1398.44
City Lakewood State NJ Zip Code 08701-4119	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Salary Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Bank Of America</b>		<b>Transaction ID:</b> B3651FEEEE6338472CAB4 Date of Disbursement 08 / 16 / 2007
Mailing Address 577 Broadway		Amount of Each Disbursement this Period 100.00
City Long Branch State NJ Zip Code 07740	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Check Order Fee Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2404.27
<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

Full Name (Last, First, Middle Initial) <b>A. Quill Corp.</b>		Transaction ID: B932D5D8608DF44DDB85 Date of Disbursement 08 / 16 / 2007
Mailing Address Po Box 94081		Amount of Each Disbursement this Period 44.65
City Palatine State IL Zip Code 60094	Purpose of Disbursement Supplies Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Transaction ID: B1AC845D95F3D44BDA16 Date of Disbursement 08 / 28 / 2007
Mailing Address P.O. Box 4833		Amount of Each Disbursement this Period 220.11
City Albany State NY Zip Code 12212	Purpose of Disbursement Cell Phone Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. Horizon Bc/bs Of Nj</b>		Transaction ID: BDBF6803C5C10432BBDF Date of Disbursement 08 / 28 / 2007
Mailing Address Po Box 1738		Amount of Each Disbursement this Period 394.45
City Newark State NJ Zip Code 07101	Purpose of Disbursement Health Insurance Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<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) ..... ▶	659.21
<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)

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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

Full Name (Last, First, Middle Initial) <b>A. Chase Card Services</b>		<b>Transaction ID:</b> BCE8B5DAA64394116A18 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 7
Mailing Address P.O. Box 15153		Amount of Each Disbursement this Period 126.52
City Wilmington State NJ Zip Code 19886	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Food and Beverage Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Federal Express Corp.</b>		<b>Transaction ID:</b> B569C1B6C73FB46EAB91 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 7
Mailing Address 200 Broadway		Amount of Each Disbursement this Period 44.78
City Long Branch State NJ Zip Code 07740	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Deliveries Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Comcast</b>		<b>Transaction ID:</b> B1EBA48FD0C3544B3BFD <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 7
Mailing Address Po Box 840		Amount of Each Disbursement this Period 83.78
City Newark State NJ Zip Code 07101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TV Service Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	255.08
<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

Full Name (Last, First, Middle Initial) <b>A. The Hartford</b>		<b>Transaction ID:</b> B9A97960335EE41A8A01 Date of Disbursement 08 / 28 / 2007
Mailing Address Po Box 2907		Amount of Each Disbursement this Period 445.00
City Hartford State CT Zip Code 06104	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Workman's Comp Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Bruce W. Woolley</b>		<b>Transaction ID:</b> BDA882496C9B4418884B Date of Disbursement 08 / 28 / 2007
Mailing Address PO Box 4088		Amount of Each Disbursement this Period 2400.00
City Long Branch State NJ Zip Code 07740-4088	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement rent Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. A.c.n. Graphics</b>		<b>Transaction ID:</b> BA2EB88FBAB494A3DA1E Date of Disbursement 08 / 28 / 2007
Mailing Address Po Box 1598		Amount of Each Disbursement this Period 825.75
City Wall State NJ Zip Code 07719	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Printing Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

**3670.75**

**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

Full Name (Last, First, Middle Initial) <b>A. Cavarocchi Ruscio Dennis Co.</b>		Transaction ID: B2A4022E786C74AA7B99 Date of Disbursement 08 / 28 / 2007
Mailing Address 316 Mass. Ave. Se		Amount of Each Disbursement this Period 432.96
City Washington State DC Zip Code 20002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Rent & Telephone Service Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Sayreville Dem. Org.</b>		Transaction ID: B42DF5446304B4FBAB85 Date of Disbursement 08 / 29 / 2007
Mailing Address 3145 Bordentown Ave.		Amount of Each Disbursement this Period 1000.00
City Parlin State NJ Zip Code 08859	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Donation Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Royal Printing Service</b>		Transaction ID: B720FEF50BD304F109EC Date of Disbursement 08 / 31 / 2007
Mailing Address Po Box 1000		Amount of Each Disbursement this Period 6877.47
City W. New York State NJ Zip Code 07093	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Mail Piece Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>8310.43</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)

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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

Full Name (Last, First, Middle Initial) <b>A. Bank Of America</b>		<b>Transaction ID:</b> BAA69CB32B9D240A19FD
Mailing Address 577 Broadway		Date of Disbursement 09 / 04 / 2007
City Long Branch	State NJ	Zip Code 07740
Purpose of Disbursement Merchant Fees	Category/ Type	Amount of Each Disbursement this Period 32.50
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		<b>Transaction ID:</b> BDA54050E95944811B7E
Mailing Address Po Box 1270		Date of Disbursement 09 / 04 / 2007
City Newark	State NJ	Zip Code 07101
Purpose of Disbursement Credit Card Collection Fee	Category/ Type	Amount of Each Disbursement this Period 5.95
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Frank J Lankey, Jr.</b>		<b>Transaction ID:</b> BCE0F0D887345496EAA7
Mailing Address 3952 Park Ave		Date of Disbursement 09 / 04 / 2007
City Edison	State NJ	Zip Code 08820-3010
Purpose of Disbursement Salary	Category/ Type	Amount of Each Disbursement this Period 905.83
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

944.28

**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

Full Name (Last, First, Middle Initial) <b>A. Marilyn Regan</b>		<b>Transaction ID:</b> BF529E153F020437AA46 Date of Disbursement 09 / 04 / 2007
Mailing Address 41 Werah Place		Amount of Each Disbursement this Period 1723.75
City Oceanport State NJ Zip Code 07757-1533	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Salary Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Monroe Township Democratic Organization</b>		<b>Transaction ID:</b> BEFE0F41AA6D945FE991 Date of Disbursement 09 / 06 / 2007
Mailing Address PO Box 6625		Amount of Each Disbursement this Period 500.00
City Monroe State NJ Zip Code 08831	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Ad Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. NJ FOP Newspaper Inc</b>		<b>Transaction ID:</b> BF28E74AEA5884A36BC3 Date of Disbursement 09 / 10 / 2007
Mailing Address 108 W. State Street		Amount of Each Disbursement this Period 400.00
City Trenton State NJ Zip Code 08608	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Ad Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **2623.75**

**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 127 / 150

<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

Full Name (Last, First, Middle Initial) <b>A. Konica Business Technology</b>		<b>Transaction ID:</b> B64D4B3A3A99E46168B8 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 7
Mailing Address Po Box 41601		Amount of Each Disbursement this Period 289.22
City Philadelphia State PA Zip Code 19101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Copier Lease Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Bank Of America</b>		<b>Transaction ID:</b> B7A86D25586F24BB6933 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 7
Mailing Address 577 Broadway		Amount of Each Disbursement this Period 5.00
City Long Branch State NJ Zip Code 07740	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Return Items Fee Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Verizon</b>		<b>Transaction ID:</b> B6ECBA6FF83394D47B2C Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 7
Mailing Address Po Box 4833		Amount of Each Disbursement this Period 875.53
City Trenton State NJ Zip Code 08650	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone Services Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1169.75</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

Full Name (Last, First, Middle Initial) <b>A. Murray's Uniforms, Inc.</b>		<b>Transaction ID:</b> B0BB616CFBE404F6A946 Date of Disbursement 09 / 12 / 2007
Mailing Address 312 Main St.		Amount of Each Disbursement this Period 500.00
City Bradley Beach State NJ Zip Code 07720	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Campaign Gear Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Bank Of America</b>		<b>Transaction ID:</b> B6AC327BDEF1C412EBFB Date of Disbursement 09 / 17 / 2007
Mailing Address 577 Broadway		Amount of Each Disbursement this Period 3078.06
City Long Branch State NJ Zip Code 07740	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement 941 Tax Deposit Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Marilyn Regan</b>		<b>Transaction ID:</b> B5ECE53E2C9254A8382E Date of Disbursement 09 / 17 / 2007
Mailing Address 41 Werah Place		Amount of Each Disbursement this Period 1723.75
City Oceanport State NJ Zip Code 07757-1533	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Salary Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>5301.81</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

<p><b>A.</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 - Backpay</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> BA9DCA1DAC3D547D3A78</p> <p>Date of Disbursement 09 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 1553.82</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> B827180CEF6384296878</p> <p>Date of Disbursement 09 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 905.83</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> B259C8782B27648D69C4</p> <p>Date of Disbursement 09 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 1553.82</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) ..... ►

**4013.47**

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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. Verizon Wireless</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 4833 City Albany State NY Zip Code 12212 Purpose of Disbursement Cell Phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> B5EF3F53E3D1A4222A64 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 7 <b>Amount of Each Disbursement this Period</b> 224.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Federal Express Corp.</b> Full Name (Last, First, Middle Initial) Mailing Address 200 Broadway City Long Branch State NJ Zip Code 07740 Purpose of Disbursement Deliveries Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> BFA9A6A6FE30847808CC <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 7 <b>Amount of Each Disbursement this Period</b> 19.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Comcast</b> Full Name (Last, First, Middle Initial) Mailing Address Po Box 840 City Newark State NJ Zip Code 07101 Purpose of Disbursement TV Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> BE8B0477F6FE143D9BB5 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 7 <b>Amount of Each Disbursement this Period</b> 83.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>327.72</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

Full Name (Last, First, Middle Initial) <b>A. Cavarocchi Ruscio Dennis Co.</b>		<b>Transaction ID:</b> B0B707E7287734F52BFD Date of Disbursement 09 / 24 / 2007
Mailing Address 316 Mass. Ave. Se		Amount of Each Disbursement this Period 444.96
City Washington State DC Zip Code 20002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Rent & Telephone Service	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Bank Of America</b>		<b>Transaction ID:</b> B7869C4F11CBB4BB4BE9 Date of Disbursement 09 / 25 / 2007
Mailing Address 577 Broadway		Amount of Each Disbursement this Period 0.01
City Long Branch State NJ Zip Code 07740	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Tax Service	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Prof. Firefighters Assn. Of Nj</b>		<b>Transaction ID:</b> B19C62CB4B73D46F6AAA Date of Disbursement 09 / 26 / 2007
Mailing Address 25 W. Lafayette St.		Amount of Each Disbursement this Period 280.00
City Trenton State NJ Zip Code 08608	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Ad	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

**724.97**

**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)

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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

Full Name (Last, First, Middle Initial) <b>A. Horizon Bc/bs Of Nj</b>		<b>Transaction ID:</b> B6FF19B21C62F4516813 Date of Disbursement 09 / 27 / 2007
Mailing Address Po Box 1738		Amount of Each Disbursement this Period 1249.09
City Newark State NJ Zip Code 07101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Health Insurance Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. United States Treasury</b>		<b>Transaction ID:</b> BC4CA648C535541E1A65 Date of Disbursement 09 / 28 / 2007
Mailing Address 550 Main St		Amount of Each Disbursement this Period 731.25
City Cincinnati State OH Zip Code 45999	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Additional Taxes Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Friends of the Israel Defense Forces</b>		<b>Transaction ID:</b> BAA6596E220CC431EB42 Date of Disbursement 08 / 27 / 2007
Mailing Address 350 Fifth Avenue Suite 2011		Amount of Each Disbursement this Period 250.00
City New York State NY Zip Code 10118	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Charitable Donation Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1980.34
<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

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID:</b> B1DEBCA000CEF484981A Date of Disbursement 08 / 28 / 2007
Mailing Address Po Box 1270		Amount of Each Disbursement this Period 3718.61
City Newark State NJ Zip Code 07101	Purpose of Disbursement Credit Card Payment - See Next 20 Items Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. National Democratic Club</b>		<b>Transaction ID:</b> B021122D83CBE4D4690B Date of Disbursement 07 / 03 / 2007
Mailing Address 30 Ivy St. SE		Amount of Each Disbursement this Period 39.00
City Washington State DC Zip Code 20003	Purpose of Disbursement Food/Bev. Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>C. Paypal, Inc.</b>		<b>Transaction ID:</b> B5977BCB0766144CA857 Date of Disbursement 07 / 12 / 2007
Mailing Address Main St.		Amount of Each Disbursement this Period 74.05
City San Jose State CA Zip Code 95101	Purpose of Disbursement Administrative Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<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) ..... ▶	<b>3718.61</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)

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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. Us Postal Service</b></p> <p>Full Name (Last, First, Middle Initial) 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>Transaction ID: B86A9CDBD57384167BF5</p> <p>Date of Disbursement 07 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 12.56</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>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		

<p><b>B. New Jersey E-z Pass</b></p> <p>Full Name (Last, First, Middle Initial) 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>Transaction ID: BDF2A61F9BE0446AE982</p> <p>Date of Disbursement 07 / 14 / 2007</p> <p>Amount of Each Disbursement this Period 45.00</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>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		

<p><b>C. Lukoil</b></p> <p>Full Name (Last, First, Middle Initial) 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>Transaction ID: B80C92FE0489D4658AD2</p> <p>Date of Disbursement 07 / 16 / 2007</p> <p>Amount of Each Disbursement this Period 32.83</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>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>0.00</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

Full Name (Last, First, Middle Initial) <b>A. National Democratic Club</b>		Transaction ID: B5CDDB129176247E9900 Date of Disbursement 07 / 16 / 2007
Mailing Address 30 Ivy St. SE		Amount of Each Disbursement this Period 85.63
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Food/Bev. Candidate Name	Category/Type	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Starfish Cafe</b>		Transaction ID: BCFBDBF04FFA7494EAEB Date of Disbursement 07 / 17 / 2007
Mailing Address 539 8th St. Se		Amount of Each Disbursement this Period 1250.36
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Food/Bev. Candidate Name	Category/Type	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Us Postal Service</b>		Transaction ID: B566119E934F144D3916 Date of Disbursement 07 / 19 / 2007
Mailing Address 60 Third Ave. Business Mail Entry Unit		Amount of Each Disbursement this Period 2.00
City Long Branch State NJ Zip Code 07740	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage Candidate Name	Category/Type	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 0.00

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

<b>A. Us Postal Service</b> Full Name (Last, First, Middle Initial) 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> BF58A2AE4D26246B0BDC <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 7 Amount of Each Disbursement this Period 4.96 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>B. Lukoil</b> Full Name (Last, First, Middle Initial) Mailing Address 570 Joline Ave. 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: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> B330A3ECD4DDE4BA5B5D <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 7 Amount of Each Disbursement this Period 40.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>C. Zola Restaurant</b> Full Name (Last, First, Middle Initial) Mailing Address 800 F St. NW City Washington State DC Zip Code 20002 Purpose of Disbursement Food/Bev. Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> BFFB45D1BCCD042E5B86 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 7 Amount of Each Disbursement this Period 792.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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**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

<b>A. Sonoma Restaurant &amp; Wine Bar</b> Full Name (Last, First, Middle Initial) Mailing Address 223 Pennsylvania Avenue SE City Washington State DC Zip Code 20050 Purpose of Disbursement Food/Bev. Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> B0B64EB5BB8714A94963 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 7 <b>Amount of Each Disbursement this Period</b> 792.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>B. Zola Restaurant</b> Full Name (Last, First, Middle Initial) Mailing Address 800 F St. NW City Washington State DC Zip Code 20002 Purpose of Disbursement Food/Bev. Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> B946E4F54259145E29AE <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 7 <b>Amount of Each Disbursement this Period</b> 166.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>C. American Express</b> Full Name (Last, First, Middle Initial) Mailing Address Po Box 1270 City Newark State NJ Zip Code 07101 Purpose of Disbursement Credit Card Payment - See Next 24 Items Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> B5009BA360E174A6C97E <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 7 <b>Amount of Each Disbursement this Period</b> 6670.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6670.50</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

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Transaction ID: B6983EAE9722044ABA2E Date of Disbursement 05 / 30 / 2007
Mailing Address P.O. Box 4833		Amount of Each Disbursement this Period 355.57
City Albany State NY Zip Code 12212	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telecommunication Equipment and Service		<b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Transaction ID: B362402F0904E4A23904 Date of Disbursement 05 / 30 / 2007
Mailing Address P.O. Box 4833		Amount of Each Disbursement this Period 155.10
City Albany State NY Zip Code 12212	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telecommunication Equipment & Service		<b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. National Democratic Club</b>		Transaction ID: BAD5EF1EE78BD40ADA94 Date of Disbursement 06 / 01 / 2007
Mailing Address 30 Ivy St. SE		Amount of Each Disbursement this Period 112.13
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Food/Bev.		<b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>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

Full Name (Last, First, Middle Initial) <b>A. Paypal, Inc.</b>		Transaction ID: B3524B1883DD8475895E Date of Disbursement 06 / 12 / 2007
Mailing Address Main St.		Amount of Each Disbursement this Period 74.05
City San Jose State CA Zip Code 95101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Administrative Fee Candidate Name		<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. National Democratic Club</b>		Transaction ID: B87776BC6039B4871A2B Date of Disbursement 06 / 14 / 2007
Mailing Address 30 Ivy St. SE		Amount of Each Disbursement this Period 162.82
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Food/Bev. Candidate Name		<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Pine Belt Chevrolet</b>		Transaction ID: B346D744D97DE41CFB86 Date of Disbursement 06 / 14 / 2007
Mailing Address 95 Hwy 36		Amount of Each Disbursement this Period 1724.54
City Eatontown State NJ Zip Code 07724	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Car Repair Candidate Name		<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) ..... **0.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

Full Name (Last, First, Middle Initial) <b>A. Us Postal Service</b>		Transaction ID: B75FAB88CBF394EB985E Date of Disbursement 06 / 19 / 2007
Mailing Address 60 Third Ave. Business Mail Entry Unit		Amount of Each Disbursement this Period 2.60
City Long Branch State NJ Zip Code 07740	Purpose of Disbursement Postage Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>B. Us Postal Service</b>		Transaction ID: B9EEA5BED7DD042139DE Date of Disbursement 06 / 20 / 2007
Mailing Address 60 Third Ave. Business Mail Entry Unit		Amount of Each Disbursement this Period 16.25
City Long Branch State NJ Zip Code 07740	Purpose of Disbursement Postage Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>C. National Democratic Club</b>		Transaction ID: B481BA352572F4940939 Date of Disbursement 06 / 21 / 2007
Mailing Address 30 Ivy St. SE		Amount of Each Disbursement this Period 121.88
City Washington State DC Zip Code 20003	Purpose of Disbursement Food/Bev. Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <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

Full Name (Last, First, Middle Initial) <b>A. Us Postal Service</b>		Transaction ID: B6A7BB13DAC5B40A48C5 Date of Disbursement 06 / 22 / 2007
Mailing Address 60 Third Ave. Business Mail Entry Unit		Amount of Each Disbursement this Period 0.58
City Long Branch State NJ Zip Code 07740	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage Candidate Name	Category/Type	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Sayat Nova LLC</b>		Transaction ID: BC6CD1FE8EB454692B27 Date of Disbursement 06 / 23 / 2007
Mailing Address 91 Main Street		Amount of Each Disbursement this Period 1605.00
City Hackensack State NJ Zip Code 07601	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Food/Bev. Candidate Name	Category/Type	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. National Democratic Club</b>		Transaction ID: B62744724055B43B5A6B Date of Disbursement 06 / 26 / 2007
Mailing Address 30 Ivy St. SE		Amount of Each Disbursement this Period 71.19
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Food/Bev. Candidate Name	Category/Type	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>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

Full Name (Last, First, Middle Initial) <b>A. Us Postal Service</b>		<b>Transaction ID:</b> B5B6775BC2528408B810 Date of Disbursement 06 / 27 / 2007
Mailing Address 60 Third Ave. Business Mail Entry Unit		Amount of Each Disbursement this Period 123.00
City Long Branch State NJ Zip Code 07740	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage Candidate Name	Category/Type	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		<b>Transaction ID:</b> B07EEDD21E4E14FB0A47 Date of Disbursement 06 / 28 / 2007
Mailing Address Po Box 1270		Amount of Each Disbursement this Period 35.00
City Newark State NJ Zip Code 07101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Membership Renewal Fee Candidate Name	Category/Type	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		<b>Transaction ID:</b> B0AE3160ABD4F4578B3E Date of Disbursement 09 / 26 / 2007
Mailing Address Po Box 1270		Amount of Each Disbursement this Period 5878.10
City Newark State NJ Zip Code 07101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Credit Card - See Next 22 Items Candidate Name	Category/Type	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5878.10
<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

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		<b>Transaction ID:</b> B827795C372FD46E6877 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 0 7
Mailing Address P.O. Box 4833		Amount of Each Disbursement this Period 421.46
City Albany State NY Zip Code 12212	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Cell Phone Candidate Name	Category/Type	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Us Postal Service</b>		<b>Transaction ID:</b> B923DEBCBB89843EC990 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 7
Mailing Address 60 Third Ave. Business Mail Entry Unit		Amount of Each Disbursement this Period 328.00
City Long Branch State NJ Zip Code 07740	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Stamps Candidate Name	Category/Type	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. National Democratic Club</b>		<b>Transaction ID:</b> B4008C47849A94B2F879 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 7
Mailing Address 30 Ivy St. SE		Amount of Each Disbursement this Period 72.94
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Food/Bev. Candidate Name	Category/Type	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>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

Full Name (Last, First, Middle Initial) <b>A. New Jersey E-z Pass</b>		<b>Transaction ID:</b> B0265F61385194AA49FD <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 7
Mailing Address 375 Mccarter Hwy.		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>
City Newark State NJ Zip Code 07714		
Purpose of Disbursement Auto Tolls Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Paypal, Inc.</b>		<b>Transaction ID:</b> BD8E7E17DC03140EFB8B <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 7
Mailing Address Main St.		Amount of Each Disbursement this Period 74.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City San Jose State CA Zip Code 95101		
Purpose of Disbursement Administrative Fee Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		<b>Transaction ID:</b> B6F21F67CBC6A456B9D7 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 7
Mailing Address P.O. Box 4833		Amount of Each Disbursement this Period 213.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Albany State NY Zip Code 12212		
Purpose of Disbursement Telecommunication Equipment & Service Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 0.00

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



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

<b>A. Soho George</b> Full Name (Last, First, Middle Initial) Mailing Address 335 George St. City New Brunswick State NJ Zip Code 08901 Purpose of Disbursement Food/Bev. Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> B84D396151CFA43F4BC2 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 1 / 2 0 0 7 Amount of Each Disbursement this Period 41.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>B. 1-800-flowers</b> Full Name (Last, First, Middle Initial) Mailing Address 1600 Stewart Ave. City Westbury State NY Zip Code 11590 Purpose of Disbursement Get Well Flowers Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> B1E51BACBDE854ED5B75 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 7 Amount of Each Disbursement this Period 62.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>C. New Jersey E-z Pass</b> Full Name (Last, First, Middle Initial) 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> BF3D5ABA44317401EAA4 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 7 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>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) Lukoil		<b>Transaction ID:</b> B9DB30F44DBA143409ED Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 7	
Mailing Address 570 Joline Ave.		Amount of Each Disbursement this Period 36.68	
City Long Branch State NJ Zip Code 07740	Purpose of Disbursement Gasoline	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

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

0.00

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

93672.55

**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 checked="" type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Pallone for Congress

Full Name (Last, First, Middle Initial) <b>A. Krishna M. Reddy</b>		Transaction ID: BEA675A9EEF0D4CB080F Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2007	
Mailing Address 1318 Bonita Dr		Amount of Each Disbursement this Period 1000.00	
City La Habra Heights	State CA	Zip Code 90631-8522	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Refund		Category/ Type	
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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>1000.00</b>

**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 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

Full Name (Last, First, Middle Initial) <b>A. DCCC</b>		<b>Transaction ID:</b> BEA819662D27F4BFB9E3 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 7
Mailing Address 430 South Capitol St. Se		Amount of Each Disbursement this Period 45000.00
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Donation - Excess Funds		Category/ Type
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:		

Full Name (Last, First, Middle Initial) <b>B. New Jersey Federation of Democratic Women</b>		<b>Transaction ID:</b> BBF08CB62574F4B6EA39 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 7
Mailing Address 532 Polk Street		Amount of Each Disbursement this Period 1000.00
City Riverside State NJ Zip Code 08075	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Advertisement and Sponsorship		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Middletown Democratic Party</b>		<b>Transaction ID:</b> B51B20199FD3E4980891 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 7
Mailing Address 8 Daniel Dr.		Amount of Each Disbursement this Period 1000.00
City Middletown State NJ Zip Code 07748	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Donation		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	47000.00
<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 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

Full Name (Last, First, Middle Initial) <b>A. Democratic Majority Pac</b>		Transaction ID: B403AC258E820492B937 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 7
Mailing Address Po Box 3037		Amount of Each Disbursement this Period 1000.00
City Long Branch State NJ Zip Code 07740	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Donation		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Ocean Dem. Club</b>		Transaction ID: BB64AC0D7885649D0975 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 7
Mailing Address P.O. Box 2164		Amount of Each Disbursement this Period 300.00
City Asbury Park State NJ Zip Code 07712	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Ad. Journal Advertisement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Democrats 2000</b>		Transaction ID: B4595DCD880994339B9E Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 7
Mailing Address 29 Front St.		Amount of Each Disbursement this Period 250.00
City Jamesburg State NJ Zip Code 08831	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Tickets		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1550.00
<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 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

Full Name (Last, First, Middle Initial) <b>A. Manasquan Local Campaign</b>		<b>Transaction ID:</b> B1E6730D9F2C042879B4 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 7
Mailing Address 75 Morris Avenue		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
City Manasquan State NJ Zip Code 08736	<input type="checkbox"/> Category/Type	
Purpose of Disbursement Donation Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. The Community Food Bank of New Jersey</b>		<b>Transaction ID:</b> BC3C38D699C204372BDE Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 7
Mailing Address 31 Evans Terminal		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hillside State NJ Zip Code 07205	<input type="checkbox"/> Category/Type	
Purpose of Disbursement Donation Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

2250.00

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

50800.00