

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

ADDRESS (number and street) PO Box 775
 Check if different than previously reported. (ACC)
Marmora NJ 08223 0775

2. **FEC IDENTIFICATION NUMBER** C00269340
CITY STATE ZIP CODE STATE DISTRICT
3. IS THIS REPORT NEW (N) OR AMENDED (A)
NJ 2

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on [] [] [] in the State of []
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [] [] [] in the State of []

5. Covering Period 01 01 2006 through 03 31 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Andrew J. McCrosson, Jr.

Signature of Treasurer Electronically Filed by Andrew J. McCrosson, Jr. Date 04 14 2006

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

LoBiondo for Congress

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	193931.00	770601.76
(b) Total Contribution Refunds (from Line 20(d)).....	100.00	4100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	193831.00	766501.76
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	66867.64	325626.92
(b) Total Offsets to Operating Expenditures (from Line 14).....	630.22	1339.22
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	66237.42	324287.70
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1770674.95	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name
LoBiondo for Congress

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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).....

93950.00

433930.36

(ii) Unitemized.....

6033.00

21031.40

(iii) TOTAL of contributions

99983.00

454961.76

from individuals..... ▶

98.00

1740.00

(b) Political Party Committees.....

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

93850.00

313900.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS
(other than loans)

193931.00

770601.76

(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.).....

630.22

1339.22

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

14762.98

59720.02

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

209324.20

831661.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	66867.64	325626.92
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.....	100.00	4100.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	100.00	4100.00
21. OTHER DISBURSEMENTS.....	250.00	195050.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	67217.64	524776.92

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1628568.39
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	209324.20
25. SUBTOTAL (add Line 23 and Line 24).....	1837892.59
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	67217.64
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1770674.95

**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 / 93
	<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)
LoBiondo for Congress

A. Full Name (Last, First, Middle Initial)
Kramer Beverage Company, LLC

Mailing Address PO Box 470

City State Zip Code
Hammonton NJ 08037

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 13 / 2006

Transaction ID: 60411.C19461

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Charles Kramer

Mailing Address Kramer Beverage Co.
161 South 2nd Road

City State Zip Code
Hammonton NJ 08037

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

Name of Employer Occupation
Kramer Beverage Company Partner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 13 / 2006

Transaction ID: 60411.C19467

Amount of Each Receipt this Period
500.00

Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Partnership->Kramer Beverage Company, LLC

C. Full Name (Last, First, Middle Initial)
Kramer Beverage Company, LLC

Mailing Address PO Box 470

City State Zip Code
Hammonton NJ 08037

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 13 / 2006

Transaction ID: 60411.C19460

Amount of Each Receipt this Period
1500.00

Receipt
 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 6 / 93
	<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)
LoBiondo for Congress

A. Full Name (Last, First, Middle Initial)
Charles Kramer

Mailing Address Kramer Beverage Co.
161 South 2nd Road

City Hammonton State NJ Zip Code 08037

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

Name of Employer Kramer Beverage Company Occupation Partner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 1 3 / 2 0 0 6

Transaction ID: 60411.C19466

Amount of Each Receipt this Period
1500.00

Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Partnership->Kramer Beverage Company, LLC

B. Full Name (Last, First, Middle Initial)
Gamal Abdelaziz

Mailing Address 9408 Players Canyon Ct

City Las Vegas State NV Zip Code 89144-0811

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

Name of Employer MGM Grand, Inc. Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: 60130.C19381

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Bruce Aguilera

Mailing Address 17 Chenal Pass

City Henderson State NV Zip Code 89052-6698

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

Name of Employer Bellagio Hotel & Casino Occupation VP and Gen. Counsel

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 225.00

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

Transaction ID: 60130.C19391

Amount of Each Receipt this Period
225.00

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

SUBTOTAL of Receipts This Page (optional) ► 1225.00

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 / 93
	<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)
LoBiondo for Congress

A. Full Name (Last, First, Middle Initial)
Charles Atwood

Mailing Address Attn: Charles Atwood
One Harrahs Court

City State Zip Code
Las Vegas NV 89119

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

Name of Employer Occupation
Harrahs Entertainment CFO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2100.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2006

Transaction ID: 60411.C19428

Amount of Each Receipt this Period
2100.00

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

B. Full Name (Last, First, Middle Initial)
Jatin Bains

Mailing Address Channel Logistics LLC
68 Bunning Drive

City State Zip Code
Voorhees NJ 08043

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

Name of Employer Occupation
Channel Logistics LLC President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
03 / 07 / 2006

Transaction ID: 60411.C19447

Amount of Each Receipt this Period
750.00

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

C. Full Name (Last, First, Middle Initial)
Rosalie Baker

Mailing Address 704 South Harding Highway

City State Zip Code
Buena NJ 08310-9741

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

Name of Employer Occupation
Delsea Regional High School Librarian

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2006

Transaction ID: 60411.C19538

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional) ► **3050.00**

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 8 / 93
	<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)
LoBiondo for Congress

A. Full Name (Last, First, Middle Initial)
Robert Baldwin

Mailing Address Attn: Robert Baldwin
PO Box 7700

City State Zip Code
Las Vegas NV 89177-0700

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

Name of Employer Occupation
Mirage Resorts President/CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2008.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2006

Transaction ID: 60130.C19404

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
Margaret Basile

Mailing Address 181 Love Lane

City State Zip Code
Bridgeton NJ 08302-6008

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

Name of Employer Occupation
Griffin Medical Products, Inc. Asst. Sec.-Treas.

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2006

Transaction ID: 60411.C19607

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Dorothy Berenato

Mailing Address 35 Allen Lane

City State Zip Code
Hammonton NJ 08037-1630

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

Name of Employer Occupation
N/A Homemaker / Volunteer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 07 / 2006

Transaction ID: 60411.C19448

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **2750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 93
	<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)
LoBiondo for Congress

A. Full Name (Last, First, Middle Initial)
Robert Boughner

Mailing Address PO Box 1559

City State Zip Code
Atlantic City NJ 08404

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

Name of Employer Occupation
Borgata Hotel Casino Spa Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4100.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 29 / 2006

Transaction ID: 60411.C19617

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Robert Boughner

Mailing Address PO Box 1559

City State Zip Code
Atlantic City NJ 08404

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

Name of Employer Occupation
Borgata Hotel Casino Spa Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4200.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 29 / 2006

Transaction ID: 60411.C19616

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Joseph Bresan

Mailing Address P. O. Box 399

City State Zip Code
South Dennis NJ 08245-0399

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

Name of Employer Occupation
Consulmag Corp. President / Chemical Engineer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: 60411.C19626

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **300.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 93
	<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)
LoBiondo for Congress

A. Full Name (Last, First, Middle Initial)
George Brestle

Mailing Address 5601 Atlantic Avenue

City State Zip Code
Ventnor NJ 08406-2816

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

Name of Employer Occupation
Calvi Electric Company Contractor

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 3500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 15 / 2006

Transaction ID: 60411.C19519

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Robert Brooks

Mailing Address 32 Marlton Road

City State Zip Code
Woodstown NJ 08098-1230

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

Name of Employer Occupation
N/A Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 15 / 2006

Transaction ID: 60411.C19495

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
Dolores Brown

Mailing Address 1192 Paterson Dr

City State Zip Code
Vineland NJ 08361

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

Name of Employer Occupation
N/A Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 15 / 2006

Transaction ID: 60411.C19501

Amount of Each Receipt this Period
50.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 93
	<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)
LoBiondo for Congress

A. Full Name (Last, First, Middle Initial)
Joseph Brunini

Mailing Address 9912 Aspen Knoll Ct

City Las Vegas State NV Zip Code 89117-0956

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

Name of Employer MGM Grand, Inc. Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

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

Transaction ID: 60130.C19396

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
C & E Company

Mailing Address 1121 Route 109 Schellengers Landing

City Cape May State NJ Zip Code 08204

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 5 / 2 0 0 6

Transaction ID: 60411.C19423

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
Ernest Utsch

Mailing Address 1121 Route 109 Schellengers Landing

City Cape May State NJ Zip Code 08204

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

Name of Employer Utschs Marina Inc. Occupation Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 5 / 2 0 0 6

Transaction ID: 60411.C19424

Amount of Each Receipt this Period
1000.00

Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Partnership->C & E Company

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 12 / 93
	<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)
LoBiondo for Congress

A. Full Name (Last, First, Middle Initial)
Charles Utsch

Mailing Address 1121 Route 109
Schellengers Landing

City Cape May State NJ Zip Code 08204

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

Name of Employer Utschs Marina Occupation Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 5 / 2 0 0 6

Transaction ID: 60411.C19425

Amount of Each Receipt this Period
1000.00

Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Partnership->C & E Company

B. Full Name (Last, First, Middle Initial)
Michael Capizola

Mailing Address 129 Catherine Ave.

City Buena State NJ Zip Code 08310

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

Name of Employer Capizola, Fineman & Lapham Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 2 0 / 2 0 0 6

Transaction ID: 60411.C19606

Amount of Each Receipt this Period
300.00

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

C. Full Name (Last, First, Middle Initial)
Richard Casamento

Mailing Address 131 9th Street South
P. O. Box 584

City Brigantine State NJ Zip Code 08203-2307

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

Name of Employer R F C Consulting (Self) Occupation Project Management

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 2 7 / 2 0 0 6

Transaction ID: 60411.C19589

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **400.00**

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 / 93
	<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)
LoBiondo for Congress

A. Full Name (Last, First, Middle Initial)
George Corchis

Mailing Address 9844 Legends Dr

City State Zip Code
Germantown TN 38139-6968

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

Name of Employer Beau Rivage Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

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

Transaction ID: 60130.C19375

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Jonathan Corchis

Mailing Address 16 Wade Hampton Trl

City State Zip Code
Henderson NV 89052-6635

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

Name of Employer Bellagio Hotel & Casino Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

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

Transaction ID: 60130.C19389

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Nicole Croddick

Mailing Address 115 Avenue Of Two Rivers

City State Zip Code
Rumson NJ 07760-1801

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 0 6

Transaction ID: 60411.C19426

Amount of Each Receipt this Period
1000.00

Receipt
 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 / 93
	<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)
LoBiondo for Congress

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

Mailing Address P.O. Box 850

City State Zip Code
Northfield NJ 08225-0850

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

Name of Employer Eastern Pines Convalescent Cen
Occupation Director of Maintenance

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 23 / 2006

Transaction ID: 60411.C19570

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Dr. Amante DeCastro

Mailing Address 575 Orchard Drive

City State Zip Code
Carneys Point NJ 08069-9622

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

Name of Employer Self-employed
Occupation Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 27 / 2006

Transaction ID: 60411.C19584

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Donald Devine

Mailing Address 7615 South Flagler Drive

City State Zip Code
West Palm Beach FL 33401

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

Name of Employer Self Employed
Occupation Private Investor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 13 / 2006

Transaction ID: 60411.C19458

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional)	3100.00
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 15 / 93
	<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)
LoBiondo for Congress

A. Full Name (Last, First, Middle Initial)
Donald Devine

Mailing Address 7615 South Flagler Drive

City State Zip Code
West Palm Beach FL 33401

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

Name of Employer
Self Employed

Occupation
Private Investor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 13 / 2006

Transaction ID: 60411.C19457

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
Debra DiLorenzo

Mailing Address 104 S. 12th Avenue

City State Zip Code
Longport NJ 08403

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

Name of Employer
Chamber of Commerce SJ

Occupation
President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 22 / 2006

Transaction ID: 60411.C19562

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Mary Ann Emely

Mailing Address Attn: Mary Ann Emely, Treasurer
1015 Fifteenth Street

City State Zip Code
Washington DC 20005

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

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2006

Transaction ID: 60411.C19660

Amount of Each Receipt this Period
1000.00

Receipt
 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 / 93
	<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)
LoBiondo for Congress

A. Full Name (Last, First, Middle Initial)
Helene Falasca

Mailing Address P.O. Box 325

City Buena State NJ Zip Code 08310

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

Name of Employer Dan S. Falasca Plumbing Inc. Occupation Secretary

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2006

Transaction ID: 60411.C19454

Amount of Each Receipt this Period
600.00

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

B. Full Name (Last, First, Middle Initial)
Helene Falasca

Mailing Address P.O. Box 325

City Buena State NJ Zip Code 08310

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

Name of Employer Dan S. Falasca Plumbing Inc. Occupation Secretary

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2006

Transaction ID: 60411.C19455

Amount of Each Receipt this Period
1400.00

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

C. Full Name (Last, First, Middle Initial)
Dr. Samuel Feinstein

Mailing Address 15 Franklin Street

City Bridgeton State NJ Zip Code 08302

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

Name of Employer Self-employed Occupation Dentist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 27 / 2006

Transaction ID: 60411.C19581

Amount of Each Receipt this Period
250.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 93
	<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)
LoBiondo for Congress

A. Full Name (Last, First, Middle Initial)
Robert Franks

Mailing Address 20 Springholme Drive

City State Zip Code
Berkeley Heights NJ 07922-2133

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

Name of Employer Health Care Institute of NJ
Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: 60411.C19622

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
James Fraser

Mailing Address 7 Otter Lane

City State Zip Code
Egg Harbor Townshi NJ 08234-7807

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

Name of Employer Fraser Associates
Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 29 / 2006

Transaction ID: 60411.C19615

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Stan Fulton

Mailing Address 5738 Hedgehaven Ct

City State Zip Code
Las Vegas NV 89120-2553

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

Name of Employer N/A
Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 20 / 2006

Transaction ID: 60130.C19403

Amount of Each Receipt this Period
2100.00

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

SUBTOTAL of Receipts This Page (optional)	▶	4100.00
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 18 / 93
	<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)
LoBiondo for Congress

A. Full Name (Last, First, Middle Initial)
Joseph Fusco

Mailing Address 607 North Huntington Ave.

City State Zip Code
Margate City NJ 08402

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

Name of Employer
Trump Hotels & Casino Resorts.

Occupation
Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 20 / 2006

Transaction ID: 60130.C19367

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
James Gallagher

Mailing Address P. O. Box 123

City State Zip Code
Pitman NJ 08071-0123

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

Name of Employer
Campbells Auto Express

Occupation
President / C.E.O.

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 27 / 2006

Transaction ID: 60411.C19576

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
John Gienza

Mailing Address 204 Meadowview Drive

City State Zip Code
Linwood NJ 08221-2233

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

Name of Employer
Circle Liquor Store

Occupation
Liquor Store Manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
700.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: 60411.C19640

Amount of Each Receipt this Period
500.00

Receipt
 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 / 93
	<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)
LoBiondo for Congress

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

Mailing Address 16 Anthem Pointe Ct

City Henderson State NV Zip Code 89052-6605

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 18 / 2006

Transaction ID: 60130.C19387

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Robert Hoyt, III

Mailing Address 480 Madeline Dr

City Pasadena State CA Zip Code 91105-2838

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
03 / 13 / 2006

Transaction ID: 60411.C19465

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
Donald Ivins

Mailing Address 554 River Drive

City Westville State NJ Zip Code 08093

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

Name of Employer Express Marine, Inc. Occupation Vice President - Operations

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
03 / 29 / 2006

Transaction ID: 60411.C19548

Amount of Each Receipt this Period
500.00

Receipt
 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 20 / 93
	<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)
LoBiondo for Congress

A. Full Name (Last, First, Middle Initial)
Curtis Jacks

Mailing Address 1170 Expectation Ct

City Henderson State NV Zip Code 89015-8500

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

Name of Employer Colorado Belle Hotel & Casino
Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
01 / 18 / 2006

Transaction ID: 60130.C19384

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Gary Jacobs

Mailing Address 3600 Las Vegas Blvd S

City Las Vegas State NV Zip Code 89109-4303

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

Name of Employer Information Requested
Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
01 / 18 / 2006

Transaction ID: 60130.C19377

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Phyllis James

Mailing Address Attn: Phyllis James
3600 Las Vegas Boulevard South

City Las Vegas State NV Zip Code 89109

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

Name of Employer MGM Grand, Inc.
Occupation Sr. Counsel

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
01 / 20 / 2006

Transaction ID: 60130.C19402

Amount of Each Receipt this Period
1000.00

Receipt
 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 21 / 93
	<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)
LoBiondo for Congress

A. Full Name (Last, First, Middle Initial)
Edward Johnson

Mailing Address PO Box 1109

City State Zip Code
Ocean City NJ 08226-7109

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

Name of Employer N/A Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 29 / 2006

Transaction ID: 60411.C19619

Amount of Each Receipt this Period
200.00

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

B. Full Name (Last, First, Middle Initial)
Michael Jugovich

Mailing Address 175 W. Grand Avenue

City State Zip Code
Montvale NJ 07645

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

Name of Employer Self-employed Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 20 / 2006

Transaction ID: 60411.C19597

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Bill Keena

Mailing Address Attn: Bill Keena
777 Casino Center Drive

City State Zip Code
Maryland Heights MO 63043

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

Name of Employer Harrahs Entertainment Occupation Regional President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 27 / 2006

Transaction ID: 60411.C19432

Amount of Each Receipt this Period
2100.00

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

SUBTOTAL of Receipts This Page (optional) ► **2400.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 93
	<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)
LoBiondo for Congress

A. Full Name (Last, First, Middle Initial)
Dorothy Kindle

Mailing Address 5100 N. Ocean Blvd. #1110

City State Zip Code
Fort Lauderdale FL 33308

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 13 / 2006

Transaction ID: 60411.C19464

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Phyllis Lacca

Mailing Address 7 South Dorset Ave.

City State Zip Code
Ventnor City NJ 08406

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

Name of Employer Masterpiece Advertising Design Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2006

Transaction ID: 60411.C19431

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
Barbara Lamdin

Mailing Address 2000 Gray Eagle Way

City State Zip Code
Las Vegas NV 89117-5738

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2006

Transaction ID: 60411.C19429

Amount of Each Receipt this Period
2000.00

Receipt
 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 23 / 93
	<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)
LoBiondo for Congress

A. Full Name (Last, First, Middle Initial)
J. Terrance Lanni

Mailing Address Attn: Terri Lanni
3799 Las Vegas Boulevard South

City State Zip Code
Las Vegas NV 89109

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

Name of Employer Occupation
MGM Grand, Inc. CEO

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2100.00

Date of Receipt
MM / DD / YYYY
01 / 18 / 2006

Transaction ID: 60130.C19385

Amount of Each Receipt this Period
2100.00

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

B. Full Name (Last, First, Middle Initial)
George LoBiondo

Mailing Address PO Box 550

City State Zip Code
Rosenhayn NJ 08352

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

Name of Employer Occupation
LoBiondo Brothers MTR Express Executive

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

450.00

Date of Receipt
MM / DD / YYYY
03 / 29 / 2006

Transaction ID: 60411.C19547

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Gary Loveman

Mailing Address Attn: Gary Loveman
One Harrahs Court

City State Zip Code
Las Vegas NV 89119

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

Name of Employer Occupation
Harrahs Entertainment President

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

4600.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2006

Transaction ID: 60130.C19409

Amount of Each Receipt this Period
2100.00

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

SUBTOTAL of Receipts This Page (optional)	▶	4300.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 93
	<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)
LoBiondo for Congress

A. Full Name (Last, First, Middle Initial)
Charles Loyle

Mailing Address 2537 Brookhaven Drive

City State Zip Code
Vineland NJ 08361-6849

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

Name of Employer N/A Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 27 / 2006

Transaction ID: 60411.C19587

Amount of Each Receipt this Period
150.00

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

B. Full Name (Last, First, Middle Initial)
Joseph Lucca

Mailing Address 527 Bellevue Avenue

City State Zip Code
Hammonton NJ 08037-1932

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

Name of Employer JRL, Inc. Occupation Produce

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 15 / 2006

Transaction ID: 60411.C19473

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Anthony Magolda

Mailing Address 2 Schooner Landing Road

City State Zip Code
Smithville NJ 08201

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

Name of Employer Lawmen Supply Co. of NJ, Inc. Occupation President/CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 09 / 2006

Transaction ID: 60411.C19450

Amount of Each Receipt this Period
1000.00

Receipt
 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 25 / 93
	<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)
LoBiondo for Congress

A. Full Name (Last, First, Middle Initial)
Anthony Magolda

Mailing Address 2 Schooner Landing Road

City State Zip Code
Smithville NJ 08201

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

Name of Employer
Lawmen Supply Co. of NJ, Inc.

Occupation
President/CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
MM / DD / YYYY
03 / 09 / 2006

Transaction ID: 60411.C19449

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Howard Marlowe

Mailing Address 5530 Warwick Place

City State Zip Code
Chevy Chase MD 20815

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

Name of Employer
Marlowe & Company

Occupation
President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
03 / 27 / 2006

Transaction ID: 60411.C19586

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Todd Marshall

Mailing Address 2330 Industrial Rd

City State Zip Code
Las Vegas NV 89102-4818

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

Name of Employer
Marshall Retail Group

Occupation
Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
01 / 17 / 2006

Transaction ID: 60130.C19374

Amount of Each Receipt this Period
1000.00

Receipt
 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 26 / 93
	<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)
LoBiondo for Congress

A. Full Name (Last, First, Middle Initial)
Robert Mayer

Mailing Address 16 Fischer Road

City State Zip Code
Linwood NJ 08221-1338

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

Name of Employer Prudential Financial Occupation Financial Adviser

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2006.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2006

Transaction ID: 60411.C19456

Amount of Each Receipt this Period
200.00

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

B. Full Name (Last, First, Middle Initial)
William McBeath

Mailing Address 2212 Paiute Meadows Dr

City State Zip Code
Las Vegas NV 89134-6711

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

Name of Employer Bellagio Hotel & Casino Occupation President/CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2006

Transaction ID: 60130.C19405

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Timothy McCarthy

Mailing Address 960 United Circle

City State Zip Code
Sparks NV 89431-6514

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2006

Transaction ID: 60411.C19435

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2200.00
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 27 / 93
	<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)
LoBiondo for Congress

A. Full Name (Last, First, Middle Initial)
T.J. McCartney

Mailing Address 9712 Amber Peak Ct

City State Zip Code
Las Vegas NV 89144-0806

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

Name of Employer Occupation
Luxor Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

600.00

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

Transaction ID: 60130.C19383

Amount of Each Receipt this Period
600.00

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

B. Full Name (Last, First, Middle Initial)
Donald McCauley

Mailing Address 27 Courtney Place

City State Zip Code
Palm Coast FL 32137-8127

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

Name of Employer Occupation
N/A Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 2 8 / 2 0 0 6

Transaction ID: 0930200437C17612

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Donald McCauley

Mailing Address 27 Courtney Place

City State Zip Code
Palm Coast FL 32137-8127

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

Name of Employer Occupation
N/A Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 2 8 / 2 0 0 6

Transaction ID: 60411.C19554

Amount of Each Receipt this Period
100.00

Receipt
 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 28 / 93
	<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)
LoBiondo for Congress

A. Full Name (Last, First, Middle Initial)
Robert McCormick

Mailing Address 1753 Garwood Lane

City State Zip Code
Vineland NJ 08361-6741

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

Name of Employer Occupation
Toyota of Vineland Vice President & General Manag

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 27 / 2006

Transaction ID: 60411.C19582

Amount of Each Receipt this Period
150.00

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

B. Full Name (Last, First, Middle Initial)
Brian Menzel

Mailing Address 1720 Oval Cir

City State Zip Code
Las Vegas NV 89117-1332

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 18 / 2006

Transaction ID: 60130.C19394

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Thomas Merighi

Mailing Address 2892 Garwood Lane

City State Zip Code
East Vineland NJ 08361-6744

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

Name of Employer Occupation
Merighis Savoy Inn Restaurateur / Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2006

Transaction ID: 60411.C19604

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 93
	<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)
LoBiondo for Congress

A. Full Name (Last, First, Middle Initial)
Thomas Mikulich

Mailing Address 2201 S Tioga Way

City Las Vegas State NV Zip Code 89117-2735

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
01 / 18 / 2006

Transaction ID: 60130.C19379

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Randy Morton

Mailing Address 2086 Troon Dr

City Henderson State NV Zip Code 89074-0668

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
01 / 18 / 2006

Transaction ID: 60130.C19392

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Christopher Nordling

Mailing Address 9900 Sparrow Hawk Ct

City Las Vegas State NV Zip Code 89134-6731

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
01 / 18 / 2006

Transaction ID: 60130.C19386

Amount of Each Receipt this Period
1000.00

Receipt
 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 30 / 93
	<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)
LoBiondo for Congress

A. Full Name (Last, First, Middle Initial)
Kenneth Patterson

Mailing Address Attn: Kenneth Patterson, Treasure
14850 Conference Center Drive

City State Zip Code
Chantilly VA 20151

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2006

Transaction ID: 60411.C19663

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Charles Pessagno

Mailing Address P. O. Box 477

City State Zip Code
Cape May NJ 08204

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

Name of Employer Information Requested Occupation Information Requested
NIA Group Associates Insurance Broker / President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
MM / DD / YYYY
03 / 21 / 2006

Transaction ID: 60411.C19594

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
Thomas Peterman

Mailing Address 71 Incline Village Ct

City State Zip Code
Henderson NV 89074-0694

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

Name of Employer Information Requested Occupation Information Requested
MGM Grand, Inc. Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 18 / 2006

Transaction ID: 60130.C19380

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	3250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 93
	<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)
LoBiondo for Congress

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

Mailing Address 219 W. Van Sant Avenue

City State Zip Code
Linwood NJ 08221-1732

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

Name of Employer Occupation
Shore Memorial Hospital CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 29 / 2006

Transaction ID: 60411.C19614

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Joseph Procacci

Mailing Address Procacci Brothers
3333 South Front Street

City State Zip Code
Philadelphia PA 19148

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: 60411.C19634

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Michael Puggi

Mailing Address 143 Pin High Cir

City State Zip Code
Henderson NV 89074-8347

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 18 / 2006

Transaction ID: 60130.C19388

Amount of Each Receipt this Period
500.00

Receipt
 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 32 / 93
	<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)
LoBiondo for Congress

A. Full Name (Last, First, Middle Initial)
Felix Rappaport

Mailing Address 1 Hazelhurst Pass

City State Zip Code
Reno NV 89502

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

Name of Employer Luxor Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: 60130.C19397

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
Barry Rhoads

Mailing Address The Rhoads Group

City State Zip Code
Washington DC 20005

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

Name of Employer The Rhoads Group Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 3 0 / 2 0 0 6

Transaction ID: 60411.C19652

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Faustina Rone Geraci

Mailing Address 9415 Sunset Drive

City State Zip Code
Stone Harbor NJ 08247

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

Name of Employer Rone Funeral Service Occupation Mortician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 2 1 / 2 0 0 6

Transaction ID: 60411.C19596

Amount of Each Receipt this Period
500.00

Receipt
 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 33 / 93
	<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)
LoBiondo for Congress

A. Full Name (Last, First, Middle Initial)
Paul Roshetko

Mailing Address 17 Plum Hollow Dr

City Henderson State NV Zip Code 89052-6420

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: 60130.C19395

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
George Rossi

Mailing Address 1319 Adams Avenue

City Vineland State NJ Zip Code 08360-4204

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

Name of Employer N/A Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 1 7 / 2 0 0 6

Transaction ID: 60411.C19522

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Harvey Rovinsky

Mailing Address 509 Hoyt Road

City Huntingdon Valley State PA Zip Code 19006-8101

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

Name of Employer Bernie Robbins Jewelers Occupation Jeweler

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4150.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 0 9 / 2 0 0 6

Transaction ID: 60411.C19452

Amount of Each Receipt this Period
1900.00

Receipt
 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 34 / 93
	<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)
LoBiondo for Congress

A. Full Name (Last, First, Middle Initial)
Harvey Rovinsky

Mailing Address 509 Hoyt Road

City State Zip Code
Huntingdon Valley PA 19006-8101

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

Name of Employer Occupation
Bernie Robbins Jewelers Jeweler

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 09 / 2006

Transaction ID: 60411.C19451

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Robert Rusbuldt

Mailing Address Attn: Robert Rusbuldt, Treasurer
412 First Street, S.E.

City State Zip Code
Washington DC 20003

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 27 / 2006

Transaction ID: 60411.C19434

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Roger Ruske

Mailing Address 1521 Bridgeton-Millville Pike

City State Zip Code
Millville NJ 08332-7926

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

Name of Employer Occupation
Cumberland Nurseries Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 15 / 2006

Transaction ID: 60411.C19507

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **1350.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 93
	<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)
LoBiondo for Congress

Full Name (Last, First, Middle Initial) A. Robert Sabo		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006	
Mailing Address 8703 Ventnor Avenue		Transaction ID: 60411.C19638	
City State Zip Code Margate NJ 08402		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Costal Physicians & Surgeons	Occupation Neurosurgeon		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 200.00		

Full Name (Last, First, Middle Initial) B. Joseph Salvatore		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2006	
Mailing Address 731 SeaShore Road		Transaction ID: 60411.C19568	
City State Zip Code Cape May NJ 08204-2232		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer N/A		Occupation Retired	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Patricia Anne Salvatore		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2006	
Mailing Address 731 Shore Road		Transaction ID: 60411.C19569	
City State Zip Code Cape May NJ 08204-2232		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Historic Cold Springs Village		Occupation Museum Director	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	600.00
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 36 / 93 (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)
LoBiondo for Congress

A. Full Name (Last, First, Middle Initial) Corey Sanders Mailing Address 1300 Elk River Cir City State Zip Code Las Vegas NV 89134-6361 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6 Transaction ID: 60130.C19390 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) Louis Sclafani Mailing Address 175 Hopewell Road City State Zip Code Marlton NJ 08053 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6 Transaction ID: 60411.C19621 Amount of Each Receipt this Period 2000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Violet Packing Co. Occupation Food Processor Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4000.00	

C. Full Name (Last, First, Middle Initial) James Seabrook Mailing Address 132 Polk Lane City State Zip Code Bridgeton NJ 08302 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 6 Transaction ID: 60411.C19540 Amount of Each Receipt this Period 500.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Seabrook Brothers & Sons, Inc. Occupation Executive Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1500.00	

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 37 / 93
	<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)
LoBiondo for Congress

A. Full Name (Last, First, Middle Initial)
Scott Sibella

Mailing Address 405 Saint Andrews Ct

City State Zip Code
Las Vegas NV 89144-0815

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

Name of Employer Occupation
The Mirage Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

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

Transaction ID: 60130.C19407

Amount of Each Receipt this Period
1500.00

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

B. Full Name (Last, First, Middle Initial)
William Smith

Mailing Address Attn: William Smith
3260 South Industrial Road

City State Zip Code
Las Vegas NV 89109

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

Name of Employer Occupation
MGM Mirage Design Group President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: 60130.C19408

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 1 Pond Lane

City State Zip Code
Linwood NJ 08221

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

Name of Employer Occupation
L-3 Communications Titan Group Program Director

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 4 / 2 0 0 6

Transaction ID: 60411.C19444

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 93
	<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)
LoBiondo for Congress

A. Full Name (Last, First, Middle Initial)
Benjamin Speidel

Mailing Address 5425 Manteca Cir

City State Zip Code
Las Vegas NV 89118-1938

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: 60130.C19398

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Richard Sturm

Mailing Address Attn: Richard Sturm
3799 Las Vegas Blvd. South

City State Zip Code
Las Vegas NV 89109

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: 60130.C19406

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
Robert Swanson

Mailing Address 533 N. East Ave.

City State Zip Code
Vineland NJ 08360-3250

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

Name of Employer Information Requested Occupation Information Requested
Swanson Hardware Supply President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 1 5 / 2 0 0 6

Transaction ID: 60411.C19476

Amount of Each Receipt this Period
200.00

Receipt
 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: (check only one)	PAGE 39 / 93
	<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)
LoBiondo for Congress

A. Full Name (Last, First, Middle Initial)
Donald Trump

Mailing Address 725 5th Ave

City State Zip Code
New York NY 10022-2519

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

Name of Employer Occupation
The Trump Organization President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1250.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2006

Transaction ID: 60411.C19427

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Douglas Turner

Mailing Address P. O. Box 607

City State Zip Code
Ocean View NJ 08230-1001

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

Name of Employer Occupation
Turner Enterprises Campground Manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2006

Transaction ID: 60411.C19534

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
Sarah Turner

Mailing Address 2555 Route 9
P. O. Box 607

City State Zip Code
Ocean View NJ 08230-1001

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

Name of Employer Occupation
Ocean View Trailer Sales, Inc. Manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2006

Transaction ID: 60411.C19642

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1700.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 93
	<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)
LoBiondo for Congress

A. Full Name (Last, First, Middle Initial)
Sarah Turner

Mailing Address 2555 Route 9
P. O. Box 607

City State Zip Code
Ocean View NJ 08230-1001

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

Name of Employer Occupation
Ocean View Trailer Sales, Inc. Manager

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: 60411.C19641

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
David John Van Kalsbeek

Mailing Address 2108 Redbird Dr

City State Zip Code
Las Vegas NV 89134-6160

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 18 / 2006

Transaction ID: 60130.C19378

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Gerald Weinstein

Mailing Address 8802 Ventnor Avenue

City State Zip Code
Margate NJ 08402-2544

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

Name of Employer Occupation
Fox Rothschild, LLP Attorney

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: 60411.C19644

Amount of Each Receipt this Period
500.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 93
	<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)
LoBiondo for Congress

A. Full Name (Last, First, Middle Initial)
Robert Weiss

Mailing Address 1721 E. Main Street

City State Zip Code
Millville NJ 08332-3511

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

Name of Employer Occupation
Self-employed Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
255.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 29 / 2006

Transaction ID: 60411.C19545

Amount of Each Receipt this Period
125.00

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

B. Full Name (Last, First, Middle Initial)
Renee West

Mailing Address 717 Tandoori Ln

City State Zip Code
Las Vegas NV 89138-2002

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

Name of Employer Occupation
Excalibur Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 18 / 2006

Transaction ID: 60130.C19382

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Michael Wilkins

Mailing Address 9812 Moonridge Ct

City State Zip Code
Las Vegas NV 89134-6737

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

Name of Employer Occupation
Marshall Retail Group President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 18 / 2006

Transaction ID: 60130.C19399

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **2125.00**

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 42 / 93
	<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)
LoBiondo for Congress

A. Full Name (Last, First, Middle Initial)
J. Eustace Wolfington

Mailing Address 700 S. Henderson Road; Suite 202

City State Zip Code
King of Prussia PA 19406

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

Name of Employer Occupation
Cabrini Asset Management Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 20 / 2006

Transaction ID: 60411.C19609

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
J. Alan Woodruff

Mailing Address 4 Oak Hill Drive

City State Zip Code
Bridgeton NJ 08302-4124

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

Name of Employer Occupation
N/A Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 27 / 2006

Transaction ID: 60411.C19577

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Bryan Wright

Mailing Address 8138 Yucca Springs Dr

City State Zip Code
Las Vegas NV 89129-4873

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 18 / 2006

Transaction ID: 60130.C19393

Amount of Each Receipt this Period
500.00

Receipt
 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)	▶	93950.00

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 43 / 93
	<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)
LoBiondo for Congress

A. Aerospace & Defense PAC (ADPAC)

Full Name (Last, First, Middle Initial)
Mailing Address Attn: Joseph Grabowski
133 N. Gaither Drive, Suite N

City State Zip Code
Mt. Laurel NJ 08054

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

Name of Employer ASPEP Occupation Executive Director

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2006

Transaction ID: 60411.C19649

Amount of Each Receipt this Period
500.00

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

B. Airline Pilots Association (ALPA) PAC

Full Name (Last, First, Middle Initial)
Mailing Address C00035451
Attn: Dennis Dolan, Treasurer

City State Zip Code
Washington DC 20036

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 23 / 2006

Transaction ID: 60411.C19629

Amount of Each Receipt this Period
2500.00

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

C. American Gaming Association PAC

Full Name (Last, First, Middle Initial)
Mailing Address C00309146
Attn: Judy Patterson, Treasurer

City State Zip Code
Washington DC 20004-1109

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4100.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 16 / 2006

Transaction ID: 60411.C19442

Amount of Each Receipt this Period
2100.00

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

SUBTOTAL of Receipts This Page (optional)	▶	5100.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 93
	<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)
LoBiondo for Congress

Full Name (Last, First, Middle Initial) A. American Maritime Officers Voluntary PAC		Date of Receipt M M / D D / Y Y Y Y Y 03 / 30 / 2006	
Mailing Address C00027532 Attn: Edward Kelly, Treasurer		Transaction ID: 60411.C19651	
City State Zip Code Dania FL 33004		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <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) B. American Maritime Officers Voluntary PAC		Date of Receipt M M / D D / Y Y Y Y Y 03 / 30 / 2006	
Mailing Address C00027532 Attn: Edward Kelly, Treasurer		Transaction ID: 60411.C19664	
City State Zip Code Dania FL 33004		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 6000.00	

Full Name (Last, First, Middle Initial) C. American Shipping Alliance PAC		Date of Receipt M M / D D / Y Y Y Y Y 03 / 30 / 2006	
Mailing Address C00366542 Attn: Chris Koch		Transaction ID: 60411.C19656	
City State Zip Code Washington DC 20043		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1500.00	

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 45 / 93
	<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)
LoBiondo for Congress

Full Name (Last, First, Middle Initial) A. Assoc. of Professional Flight Attendant		Date of Receipt M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address (APFA PAC) PAC C00246421 Attn: Cathy Lukensmeyer, Treasurer		Transaction ID: 60411.C19661
City Euless	State TX	Zip Code 76040
Amount of Each Receipt this Period 250.00		Receipt <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	Occupation	
Receipt For: 2006 <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. Burlington Northern Santa Fe Corp PAC		Date of Receipt M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address PO Box 961039 PO Box 961039		Transaction ID: 60411.C19653
City Fort Worth	State TX	Zip Code 76161-0039
Amount of Each Receipt this Period 1000.00		Receipt <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	Occupation	
Receipt For: 2006 <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) C. Continental Airlines, Inc. Employee Fund		Date of Receipt M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address C00101766 Attn: Rebecca Cox		Transaction ID: 60411.C19655
City Houston	State TX	Zip Code 77002
Amount of Each Receipt this Period 1000.00		Receipt <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	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional) ▶	2250.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 46 / 93
	(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)
LoBiondo for Congress

Full Name (Last, First, Middle Initial) A. Harrahs Entertainment, Inc. Impacts		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6
Mailing Address Public Policy PAC C00239947 Attn: Jan Jones		Transaction ID: 60130.C19376
City State Zip Code Las Vegas NV 89119	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 10000.00	

Full Name (Last, First, Middle Initial) B. Intl Union of Operating Engineers EPEC		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6
Mailing Address C70001037 Attn: Chris Hanley, Treasurer		Transaction ID: 60411.C19446
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. International Council Cruise Lines PAC		Date of Receipt M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address C00303073 Attn: Michael Crye		Transaction ID: 60411.C19645
City State Zip Code Arlington VA 22201	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional) ▶	8500.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 93
	<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)
LoBiondo for Congress

Full Name (Last, First, Middle Initial) A. Intl Bro. of Boilermakers, IN SP Bldrs,		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006	
Mailing Address Bkmths, LEAP Fund C70002506 Attn: William Creeden, Treasurer		Transaction ID: 60411.C19659	
City State Zip Code Kansas City KS 66101-2511	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <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. Intl. Bro. Electrical Workers C.O.P.E.		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006	
Mailing Address C00027342 Attn: Jon Walters, Sec.-Treas.		Transaction ID: 60411.C19650	
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 10000.00		

Full Name (Last, First, Middle Initial) C. IUPAT-Intl Union Painters/Allied Trades		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006	
Mailing Address C00000885 Attn: James Williams, Chairman		Transaction ID: 60411.C19647	
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation General President Election Cycle-to-Date ▼ 10000.00		

SUBTOTAL of Receipts This Page (optional) ▶	11000.00
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 48 / 93
	(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)
LoBiondo for Congress

A. Full Name (Last, First, Middle Initial)
L-3 Communications Corporation PAC

Mailing Address C00338087
Attn: Fred Wahl

City State Zip Code
New York NY 10016

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2006

Transaction ID: 60411.C19654

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Laborers Political League

Mailing Address C00007922
Attn: Armand Sabitoni, Treasurer

City State Zip Code
Washington DC 20006

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 20 / 2006

Transaction ID: 60411.C19533

Amount of Each Receipt this Period
5000.00

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

C. Full Name (Last, First, Middle Initial)
Lionel Sawyer & Collins PAC

Mailing Address C00266460
Attn: Paul Hejmanowski, Treasurer

City State Zip Code
Las Vegas NV 89101

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 18 / 2006

Transaction ID: 60130.C19401

Amount of Each Receipt this Period
1000.00

Receipt
 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:	PAGE 49 / 93
	(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)
LoBiondo for Congress

Full Name (Last, First, Middle Initial) A. Maersk Sealand Inc. Good Govt Fund		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006	
Mailing Address C00217471 Attn: Eugene Pentimonti		Transaction ID: 60411.C19648	
City State Zip Code Arlington VA 22209		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Receipt For: 2006 <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. MAHER Terminals PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006	
Mailing Address C00335109 Attn: Sam Crane		Transaction ID: 60411.C19635	
City State Zip Code Berkeley Heights NJ 07922		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation MAHER Terminals, Inc. Vice President - External Affa		Election Cycle-to-Date ▼ 5000.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. MAHER Terminals PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006	
Mailing Address C00335109 Attn: Sam Crane		Transaction ID: 60411.C19636	
City State Zip Code Berkeley Heights NJ 07922		Amount of Each Receipt this Period 3000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation MAHER Terminals, Inc. Vice President - External Affa		Election Cycle-to-Date ▼ 8000.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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 50 / 93
	<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)
LoBiondo for Congress

A. Full Name (Last, First, Middle Initial)
Manitowoc Company, Inc. PAC

Mailing Address C00287847
Attn: Carl Laurino, Treasurer

City State Zip Code
Marinette WI 54143

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2006

Transaction ID: 60411.C19658

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Marina District Development Co. PAC

Mailing Address C00363564
Attn: Joe Corbo, Jr.

City State Zip Code
Altantic City NJ 08401

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: 60411.C19632

Amount of Each Receipt this Period
5000.00

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

C. Full Name (Last, First, Middle Initial)
Marina District Development Co. PAC

Mailing Address C00363564
Attn: Joe Corbo, Jr.

City State Zip Code
Altantic City NJ 08401

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: 60411.C19633

Amount of Each Receipt this Period
5000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	11000.00
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 51 / 93
	(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)
LoBiondo for Congress

Full Name (Last, First, Middle Initial) A. MGM Mirage PAC		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 6
Mailing Address C00299321 Attn: Terry Lanni		Transaction ID: 60414.C19670
City Mill Valley	State CA	Zip Code 94941
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer	Occupation	In-Kind <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 150.00	Staff time

Full Name (Last, First, Middle Initial) B. MGM Mirage PAC		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address C00299321 Attn: Terry Lanni		Transaction ID: 60411.C19438
City Mill Valley	State CA	Zip Code 94941
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1751.80
Name of Employer	Occupation	In-Kind <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1901.80	

Full Name (Last, First, Middle Initial) C. MGM Mirage PAC		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address C00299321 Attn: Terry Lanni		Transaction ID: 60411.C19437
City Mill Valley	State CA	Zip Code 94941
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 4850.00
Name of Employer	Occupation	In-Kind <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 6751.80	

SUBTOTAL of Receipts This Page (optional)	6751.80
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 52 / 93
	<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)
LoBiondo for Congress

A. Full Name (Last, First, Middle Initial)
MGM Mirage PAC

Mailing Address C00299321
Attn: Terry Lanni

City Mill Valley State CA Zip Code 94941

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

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

Transaction ID: 60411.C19436

Amount of Each Receipt this Period
3248.20

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

B. Full Name (Last, First, Middle Initial)
Natl Active & Retd Fed. Employ. Assn.

Mailing Address C00299321
Attn: Richard Ostergren, Treasurer

City Alexandria State VA Zip Code 22314

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 2 9 / 2 0 0 6

Transaction ID: 60411.C19543

Amount of Each Receipt this Period
2000.00

Receipt
 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 Insurance and Financial Advisors PAC

Mailing Address C00005
Attn: Peter Browne, Treasurer

City Falls Church State VA Zip Code 22042

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 6

Transaction ID: 60411.C19631

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	6248.20
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 53 / 93
	<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)
LoBiondo for Congress

A. Full Name (Last, First, Middle Initial)
Natl. Air Traffic Controllers Assoc. PAC

Mailing Address C00238725
Attn: John Carr, Treasurer

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 28 / 2006

Transaction ID: 60411.C19555

Amount of Each Receipt this Period
5000.00

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

B. Full Name (Last, First, Middle Initial)
NJ Savings League SAPEC-NJ

Mailing Address C00011221
Attn: Samuel Damiano

City Cranford State NJ Zip Code 07016-2436

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 30 / 2006

Transaction ID: 60411.C19433

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Realtors Political Action Committee

Mailing Address Attn: Michael Brodie, Treasurer
430 N. Michigan Avenue

City Chicago State IL Zip Code 60611

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 04 / 2006

Transaction ID: 60130.C19366

Amount of Each Receipt this Period
3000.00

Receipt
 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: PAGE 54 / 93
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LoBiondo for Congress

A. Full Name (Last, First, Middle Initial)
Responsible Citizens Political League

Mailing Address Project of Trans. Comm. Intl Unio
Attn: H. Randolph, Treas C00006338

City State Zip Code
Rockville MD 20850

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	0	/	2	0	0	6

Transaction ID: 60411.C19657

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Station Casinos Inc. PAC

Mailing Address C00263731
Attn: Glen Christensen, Treasurer

City State Zip Code
Las Vegas NV 89102

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	8	/	2	0	0	6

Transaction ID: 60130.C19400

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
SUN BANCORP, INC. PAC

Mailing Address C00303958
Attn: Thomas Bracken

City State Zip Code
Vineland NJ 08360

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	9	/	2	0	0	6

Transaction ID: 60411.C19618

Amount of Each Receipt this Period
2000.00

Receipt
 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:	PAGE 55 / 93
	(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)
LoBiondo for Congress

Full Name (Last, First, Middle Initial) A. Tercentenary Fund		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2006	
Mailing Address C001627 1650 Arch Street, 22nd Floor		Transaction ID: 60411.C19637	
City Philadelphia State PA Zip Code 19103-2097		Amount of Each Receipt this Period 3500.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 3500.00	

Full Name (Last, First, Middle Initial) B. The Natl Education Assoc. Fund PAC		Date of Receipt M M / D D / Y Y Y Y Y 03 / 30 / 2006	
Mailing Address C70000492 Attn: John Wilson, Treasurer		Transaction ID: 60411.C19662	
City Washington State DC Zip Code 20036		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <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) C. Trans. Trades Department AFL-CIO		Date of Receipt M M / D D / Y Y Y Y Y 02 / 14 / 2006	
Mailing Address C00280909 Attn: Edward Wytkind		Transaction ID: 60411.C19445	
City Washington State DC Zip Code 20006		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation TTD President			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 4500.00	

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 56 / 93
	<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)
LoBiondo for Congress

A. Full Name (Last, First, Middle Initial) United Parcel Service Inc PAC Mailing Address C00064766 Attn: Clifford Hinds, Treasurer City Atlanta State GA Zip Code 30328 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 7 / 2 0 0 6 Transaction ID: 60130.C19370 Amount of Each Receipt this Period 2500.00
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Occupation Election Cycle-to-Date ▼ 2500.00		

B. Full Name (Last, First, Middle Initial) United Parcel Service Inc PAC Mailing Address C00064766 Attn: Clifford Hinds, Treasurer City Atlanta State GA Zip Code 30328 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 0 / 2 0 0 6 Transaction ID: 60411.C19646 Amount of Each Receipt this Period 1000.00
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Occupation Election Cycle-to-Date ▼ 3500.00		

C. Full Name (Last, First, Middle Initial) United Transportation Union PAC Mailing Address C00001636 Attn: Dan Johnson, Treasurer City Cleveland State OH Zip Code 44107 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 1 / 2 0 0 6 Transaction ID: 60411.C19443 Amount of Each Receipt this Period 1000.00
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Occupation Election Cycle-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)	▶	4500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 57 / 93	
	(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) LoBiondo for Congress
--

Full Name (Last, First, Middle Initial) A. UNITEHERE TIP Hotel Employees &	
Mailing Address 1219 28th Street, N.W.	
City Washington	State DC
Zip Code 20007	
FEC ID number of contributing federal political committee. C	
Name of Employer	Occupation
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00

Date of Receipt MM / DD / YYYY 01 / 17 / 2006
Transaction ID: 60411.C19441
Amount of Each Receipt this Period 5000.00
Receipt <input type="checkbox"/> 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)	93850.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 58 / 93	
	(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)
LoBiondo for Congress

A. Full Name (Last, First, Middle Initial)
National Republican Congressional Commit

Mailing Address 320 First Street, S.E.

City	State	Zip Code
Washington	DC	20003

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

Name of Employer	Occupation
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 490.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2006

Transaction ID: 60413.C19665

Amount of Each Receipt this Period
98.00

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

SUBTOTAL of Receipts This Page (optional)	▶	98.00
TOTAL This Period (last page this line number only)	▶	98.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 59 / 93
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input checked="" type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
LoBiondo for Congress

A. Full Name (Last, First, Middle Initial)
Cumberland Mutual Fire Insurance Co.

Mailing Address P.O. Box 596

City State Zip Code
Bridgeton NJ 08302-0596

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
417.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 20 / 2006

Transaction ID: 60411.C19557

Amount of Each Receipt this Period
417.00

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

B. Full Name (Last, First, Middle Initial)
Staples

Mailing Address 2285 North 2nd Street

City State Zip Code
Millville NJ 08332-

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
213.22

Date of Receipt
M M / D D / Y Y Y Y
02 / 27 / 2006

Transaction ID: 60414.C19678

Amount of Each Receipt this Period
213.22

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

SUBTOTAL of Receipts This Page (optional)	▶	630.22
TOTAL This Period (last page this line number only)	▶	630.22

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 60 / 93
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
LoBiondo for Congress

Full Name (Last, First, Middle Initial) A. Commerce Bank		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 1 / 2 0 0 6	
Mailing Address 1701 Route 70 East		Transaction ID: 60414.C19674	
City State Zip Code Cherry Hill NJ 08034-5400	Amount of Each Receipt this Period 100.60		
FEC ID number of contributing federal political committee. C	Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2161.45		

Full Name (Last, First, Middle Initial) B. Commerce Bank		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 6	
Mailing Address 1701 Route 70 East		Transaction ID: 60414.C19675	
City State Zip Code Cherry Hill NJ 08034-5400	Amount of Each Receipt this Period 85.17		
FEC ID number of contributing federal political committee. C	Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2246.62		

Full Name (Last, First, Middle Initial) C. Commerce Bank		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 1 / 2 0 0 6	
Mailing Address 1701 Route 70 East		Transaction ID: 60414.C19676	
City State Zip Code Cherry Hill NJ 08034-5400	Amount of Each Receipt this Period 83.35		
FEC ID number of contributing federal political committee. C	Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2329.97		

SUBTOTAL of Receipts This Page (optional) ▶	269.12
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 61 / 93
	<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)
LoBiondo for Congress

Full Name (Last, First, Middle Initial) A. Sun National Bank		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 1 / 2 0 0 6
Mailing Address 226 W. Landis Avenue		Transaction ID: 60414.C19671
City State Zip Code Vineland NJ 08360-	Amount of Each Receipt this Period 4548.42	
FEC ID number of contributing federal political committee. C	Other Receipt <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 ▼ 47444.61	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Sun National Bank		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 226 W. Landis Avenue		Transaction ID: 60414.C19672
City State Zip Code Vineland NJ 08360-	Amount of Each Receipt this Period 4646.89	
FEC ID number of contributing federal political committee. C	Other Receipt <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 ▼ 52091.50	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Sun National Bank		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 226 W. Landis Avenue		Transaction ID: 60414.C19673
City State Zip Code Vineland NJ 08360-	Amount of Each Receipt this Period 5298.55	
FEC ID number of contributing federal political committee. C	Other Receipt <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 ▼ 57390.05	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	14493.86
TOTAL This Period (last page this line number only) ▶	14762.98

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 62 / 93

<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)
LoBiondo for Congress

A. Full Name (Last, First, Middle Initial) 177th Chiefs Council		Transaction ID: 60414.E866 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address New Jersey Air National Guard 400 Langley Road		Amount of Each Disbursement this Period 513.00
City Egg Harbor Twp. State NJ Zip Code 08234-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SERVICE ACADEMIES RECEPTION		SERVICE ACADEMIES RECEPTION
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) Barron Printing		Transaction ID: 60414.E791 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 6
Mailing Address 207 S. Second Street		Amount of Each Disbursement this Period 686.88
City Vineland State NJ Zip Code 08360-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PRINTING		PRINTING
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. Full Name (Last, First, Middle Initial) Barron Printing		Transaction ID: 60414.E792 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 207 S. Second Street		Amount of Each Disbursement this Period 445.20
City Vineland State NJ Zip Code 08360-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PRINTING		PRINTING
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1645.08
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 63 / 93

<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)
LoBiondo for Congress

Full Name (Last, First, Middle Initial) A. Barron Printing		Transaction ID: 60414.E793 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 207 S. Second Street		Amount of Each Disbursement this Period 1133.14
City Vineland State NJ Zip Code 08360-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PRINTING	Candidate Name	PRINTING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Campbell & Campbell Campaigns, Inc.		Transaction ID: 60414.E859 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 6
Mailing Address 122 Powerville Road		Amount of Each Disbursement this Period 2500.00
City Mountain Lakes State NJ Zip Code 07046-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN CONSULTANTS	Candidate Name	CAMPAIGN CONSULTANTS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Campbell & Campbell Campaigns, Inc.		Transaction ID: 60414.E860 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6
Mailing Address 122 Powerville Road		Amount of Each Disbursement this Period 5427.20
City Mountain Lakes State NJ Zip Code 07046-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING MAILER	Candidate Name	FUNDRAISING MAILER
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	9060.34
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

PAGE 64 / 93

<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)
LoBiondo for Congress

Full Name (Last, First, Middle Initial) A. Campbell & Campbell Campaigns, Inc.		Transaction ID: 60414.E861 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 122 Powerville Road		Amount of Each Disbursement this Period 2500.00
City State Zip Code Mountain Lakes NJ 07046-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN CONSULTANTS	Candidate Name	CAMPAIGN CONSULTANTS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Cingular Wireless		Transaction ID: 60414.E812 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6
Mailing Address P.O. Box 17542		Amount of Each Disbursement this Period 192.86
City State Zip Code Baltimore MD 21297-1542	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement BLACKBERRY SERVICE	Candidate Name	BLACKBERRY SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Cingular Wireless		Transaction ID: 60414.E813 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address P.O. Box 17542		Amount of Each Disbursement this Period 110.60
City State Zip Code Baltimore MD 21297-1542	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement BLACKBERRY SERVICE	Candidate Name	BLACKBERRY SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2803.46
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 65 / 93

<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)
LoBiondo for Congress

Full Name (Last, First, Middle Initial) A. Comcast Cable		Transaction ID: 60414.E785 Date of Disbursement 01 / 16 / 2006
Mailing Address P.O. Box 3005		Amount of Each Disbursement this Period 45.95
City Southeastern State PA Zip Code 19398-3005	Purpose of Disbursement INTERNET CONNECTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input 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 INTERNET CONNECTION

Full Name (Last, First, Middle Initial) B. Comcast Cable		Transaction ID: 60414.E786 Date of Disbursement 01 / 19 / 2006
Mailing Address P.O. Box 3005		Amount of Each Disbursement this Period 60.00
City Southeastern State PA Zip Code 19398-3005	Purpose of Disbursement INTERNET CONNECTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input 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 INTERNET CONNECTION

Full Name (Last, First, Middle Initial) C. Comcast Cable		Transaction ID: 60414.E789 Date of Disbursement 02 / 15 / 2006
Mailing Address P.O. Box 3005		Amount of Each Disbursement this Period 45.95
City Southeastern State PA Zip Code 19398-3005	Purpose of Disbursement INTERNET CONNECTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input 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 INTERNET CONNECTION

SUBTOTAL of Disbursements This Page (optional) ▶	151.90
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 66 / 93

<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)
LoBiondo for Congress

Full Name (Last, First, Middle Initial) A. Comcast Cable		Transaction ID: 60414.E790 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address P.O. Box 3005		Amount of Each Disbursement this Period 45.95
City Southeastern State PA Zip Code 19398-3005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement INTERNET CONNECTION Candidate Name	Category/Type	INTERNET CONNECTION
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Cumberland Mutual Fire Insurance Co.		Transaction ID: 60414.E809 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6
Mailing Address P.O. Box 596		Amount of Each Disbursement this Period 417.00
City Bridgeton State NJ Zip Code 08302-0596	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement INSURANCE PREMIUM Candidate Name	Category/Type	INSURANCE PREMIUM
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Nicole Davidman		Transaction ID: 60414.E822 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 299 Baltusrol Way		Amount of Each Disbursement this Period 558.30
City Springfield State NJ Zip Code 07081-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement LIST SERVICES Candidate Name	Category/Type	LIST SERVICES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1021.25
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 67 / 93

<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)
LoBiondo for Congress

Full Name (Last, First, Middle Initial) A. Earthlink Inc.		Transaction ID: 60414.E765 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6
Mailing Address P.O. Box 7645		Amount of Each Disbursement this Period 224.50
City Atlanta State GA Zip Code 30357-0645	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement INTERNET SERVICE	Candidate Name	INTERNET SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Earthlink Inc.		Transaction ID: 60414.E766 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6
Mailing Address P.O. Box 7645		Amount of Each Disbursement this Period 388.40
City Atlanta State GA Zip Code 30357-0645	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement INTERNET SERVICE	Candidate Name	INTERNET SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Randy Ford		Transaction ID: 60414.E858 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address 1261 Herbert Boulevard		Amount of Each Disbursement this Period 1000.00
City Williamstown State NJ Zip Code 08094-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement WEBSITE DEVELOPMENT	Candidate Name	WEBSITE DEVELOPMENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1612.90
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 68 / 93

<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)
LoBiondo for Congress

Full Name (Last, First, Middle Initial) A. Fred Baker Memorial Scholarship Fund		Transaction ID: 60414.E818 Date of Disbursement MM / DD / YYYY 02 / 06 / 2006
Mailing Address P.O. Box 302		Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Leesburg State NJ Zip Code 08327-0302	Category/Type	
Purpose of Disbursement HOLE SPONSOR	Candidate Name	HOLE SPONSOR
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Golftinis		Transaction ID: 60414.E807 Date of Disbursement MM / DD / YYYY 01 / 24 / 2006
Mailing Address 3016 Ocean Heights Avenue		Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Egg Harbor Townshi State NJ Zip Code 08234-	Category/Type	
Purpose of Disbursement COUNTY COMMITTEE BREAKFAST DEPOSIT	Candidate Name	COUNTY COMMITTEE BREAKFAST DEPOSIT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Innovative Merchant Solutions		Transaction ID: 60414.E768 Date of Disbursement MM / DD / YYYY 01 / 03 / 2006
Mailing Address 26520 Agoura Road		Amount of Each Disbursement this Period 34.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Calabasas State CA Zip Code 91302-	Category/Type	
Purpose of Disbursement CREDIT CARD SERVICE FEE	Candidate Name	CREDIT CARD SERVICE FEE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	334.50
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
LoBiondo for Congress

Full Name (Last, First, Middle Initial) A. Innovative Merchant Solutions		Transaction ID: 60414.E767 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6
Mailing Address 26520 Agoura Road		Amount of Each Disbursement this Period 34.50
City Calabasas State CA Zip Code 91302-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD SERVICE FEE	Candidate Name	CREDIT CARD SERVICE FEE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Innovative Merchant Solutions		Transaction ID: 60414.E769 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6
Mailing Address 26520 Agoura Road		Amount of Each Disbursement this Period 32.45
City Calabasas State CA Zip Code 91302-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD EQUIPT RENTAL	Candidate Name	CREDIT CARD EQUIPT RENTAL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Innovative Merchant Solutions		Transaction ID: 60414.E770 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6
Mailing Address 26520 Agoura Road		Amount of Each Disbursement this Period 32.45
City Calabasas State CA Zip Code 91302-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD EQUIPT RENTAL	Candidate Name	CREDIT CARD EQUIPT RENTAL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	99.40
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
LoBiondo for Congress

Full Name (Last, First, Middle Initial) A. Innovative Merchant Solutions		Transaction ID: 60414.E772 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6
Mailing Address 26520 Agoura Road		Amount of Each Disbursement this Period 34.50
City Calabasas State CA Zip Code 91302-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD SERVICE FEE	Candidate Name	CREDIT CARD SERVICE FEE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Innovative Merchant Solutions		Transaction ID: 60414.E771 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6
Mailing Address 26520 Agoura Road		Amount of Each Disbursement this Period 34.50
City Calabasas State CA Zip Code 91302-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD SERVICE FEE	Candidate Name	CREDIT CARD SERVICE FEE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Innovative Merchant Solutions		Transaction ID: 60414.E773 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 6
Mailing Address 26520 Agoura Road		Amount of Each Disbursement this Period 32.45
City Calabasas State CA Zip Code 91302-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD EQUIPT RENTAL	Candidate Name	CREDIT CARD EQUIPT RENTAL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	101.45
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
LoBiondo for Congress

Full Name (Last, First, Middle Initial) A. Innovative Merchant Solutions		Transaction ID: 60414.E775 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6
Mailing Address 26520 Agoura Road		Amount of Each Disbursement this Period 34.50
City Calabasas State CA Zip Code 91302-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD SERVICE FEE	Candidate Name	CREDIT CARD SERVICE FEE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Innovative Merchant Solutions		Transaction ID: 60414.E774 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6
Mailing Address 26520 Agoura Road		Amount of Each Disbursement this Period 34.50
City Calabasas State CA Zip Code 91302-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD SERVICE FEE	Candidate Name	CREDIT CARD SERVICE FEE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Innovative Merchant Solutions		Transaction ID: 60414.E776 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6
Mailing Address 26520 Agoura Road		Amount of Each Disbursement this Period 110.80
City Calabasas State CA Zip Code 91302-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD SERVICE FEE	Candidate Name	CREDIT CARD SERVICE FEE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	179.80
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

<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)
LoBiondo for Congress

Full Name (Last, First, Middle Initial) A. Jewish Times of South Jersey		Transaction ID: 60414.E867 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 21 W. Delilah Road		Amount of Each Disbursement this Period 100.79
City Pleasantville State NJ Zip Code 08232-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PRINT AD	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRINT AD

Full Name (Last, First, Middle Initial) B. Kotok Building Corp.		Transaction ID: 60414.E777 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 6
Mailing Address 614 Landis Avenue		Amount of Each Disbursement this Period 200.00
City Vineland State NJ Zip Code 08360-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE RENT	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	OFFICE RENT

Full Name (Last, First, Middle Initial) C. Kotok Building Corp.		Transaction ID: 60414.E778 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6
Mailing Address 614 Landis Avenue		Amount of Each Disbursement this Period 200.00
City Vineland State NJ Zip Code 08360-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE RENT	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	OFFICE RENT

SUBTOTAL of Disbursements This Page (optional) ▶	500.79
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 73 / 93

<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)
LoBiondo for Congress

Full Name (Last, First, Middle Initial) A. Kotok Building Corp.		Transaction ID: 60414.E779 Date of Disbursement MM / DD / YYYY 03 / 01 / 2006
Mailing Address 614 Landis Avenue		Amount of Each Disbursement this Period 200.00
City Vineland State NJ Zip Code 08360-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE RENT	Candidate Name	OFFICE RENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. MGM Mirage PAC		Transaction ID: 60414.C19670IK Date of Disbursement MM / DD / YYYY 01 / 16 / 2006
Mailing Address C00299321 Attn: Terry Lanni		Amount of Each Disbursement this Period 150.00
City Mill Valley State CA Zip Code 94941-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement STAFF TIME	Candidate Name	IN KIND: STAFF TIME
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. MGM Mirage PAC		Transaction ID: 60411.C19437IK Date of Disbursement MM / DD / YYYY 02 / 01 / 2006
Mailing Address C00299321 Attn: Terry Lanni		Amount of Each Disbursement this Period 4850.00
City Mill Valley State CA Zip Code 94941-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement	Candidate Name	IN KIND:
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5200.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 74 / 93

<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)
LoBiondo for Congress

Full Name (Last, First, Middle Initial) A. MGM Mirage PAC		Transaction ID: 60411.C19438IK Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address C00299321 Attn: Terry Lanni		Amount of Each Disbursement this Period 1751.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mill Valley State CA Zip Code 94941-	Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

IN KIND:

Full Name (Last, First, Middle Initial) B. Larrys II Restaurant		Transaction ID: 60414.E808 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6
Mailing Address 907 N. Main Road Building A, Suite 100		Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Vineland State NJ Zip Code 08360-	Purpose of Disbursement COUNTY COMMITTEE BREAKFAST DEPOSIT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

COUNTY COMMITTEE BREAKFAST DEPOSIT

Full Name (Last, First, Middle Initial) C. Larrys II Restaurant		Transaction ID: 60414.E882 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 907 N. Main Road Building A, Suite 100		Amount of Each Disbursement this Period 443.52 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Vineland State NJ Zip Code 08360-	Purpose of Disbursement COUNTY COMMITTEE BREAKFAST MTG. Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

COUNTY COMMITTEE BREAKFAST MTG.

SUBTOTAL of Disbursements This Page (optional) ▶	2245.32
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
LoBiondo for Congress

Full Name (Last, First, Middle Initial) A. National Republican Congressional Commit		Transaction ID: 60413.C19665IK Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6
Mailing Address 320 First Street, S.E.		Amount of Each Disbursement this Period 98.00
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 Candidate Name		IN KIND:
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. NJ Fraternal Order of Police Newspaper		Transaction ID: 60414.E856 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 108 W. State Street		Amount of Each Disbursement this Period 500.00
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 PUBLICATION AD Candidate Name		PUBLICATION AD
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. NJ Election Law Enforcement Comm		Transaction ID: 60414.E880 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address P.O. Box 185		Amount of Each Disbursement this Period 602.75
City Trenton State NJ Zip Code 08625-0185	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement INFORMATION REQUEST FEE Candidate Name		INFORMATION REQUEST FEE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1200.75
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 76 / 93

<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)
LoBiondo for Congress

Full Name (Last, First, Middle Initial) A. Platinum Plus for Business		Transaction ID: 60414.E797 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 6
Mailing Address P.O. Box 15463		Amount of Each Disbursement this Period 717.70
City Wilmington State DE Zip Code 19850-5463	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEE BELOW	Candidate Name	SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Comcast Cable		Transaction ID: 60414.E800 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 5
Mailing Address P.O. Box 3005		Amount of Each Disbursement this Period 60.00
City Southeastern State PA Zip Code 19398-3005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement INTERNET CONNECTION	Candidate Name	[MEMO ITEM] MEMO: INTERNET CONNECTION
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. The Inn at Sugar Hill		Transaction ID: 60414.E799 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 5
Mailing Address 5704 Mays Landing Road		Amount of Each Disbursement this Period 208.55
City Mays Landing State NJ Zip Code 08330-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement STAFF CHRISTMAS DINNER	Candidate Name	[MEMO ITEM] MEMO: STAFF CHRISTMAS DIN- NER
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	717.70
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

<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)
LoBiondo for Congress

Full Name (Last, First, Middle Initial) A. Staples		Transaction ID: 60414.E802 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6
Mailing Address 2285 North 2nd Street		Amount of Each Disbursement this Period 248.20
City Millville State NJ Zip Code 08332-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE SUPPLIES Candidate Name	Category/Type	[MEMO ITEM] MEMO: OFFICE SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Staples		Transaction ID: 60414.E801 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5
Mailing Address 2285 North 2nd Street		Amount of Each Disbursement this Period 69.98
City Millville State NJ Zip Code 08332-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE SUPPLIES Candidate Name	Category/Type	[MEMO ITEM] MEMO: OFFICE SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. U.S. Capital Historical Society		Transaction ID: 60414.E803 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6
Mailing Address 200 Maryland Avenue, N.E.		Amount of Each Disbursement this Period 37.50
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 CALENDARS Candidate Name	Category/Type	[MEMO ITEM] MEMO: CALENDARS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input 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)

<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)
LoBiondo for Congress

Full Name (Last, First, Middle Initial) A. Platinum Plus for Business		Transaction ID: 60414.E824 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6	
Mailing Address P.O. Box 15463		Amount of Each Disbursement this Period 1530.83	
City Wilmington	State DE	Zip Code 19850-5463	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement SEE BELOW		Category/ Type	
Candidate Name		<input type="checkbox"/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		SEE BELOW	

Full Name (Last, First, Middle Initial) B. The Press of Atlantic City		Transaction ID: 60414.E831 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6	
Mailing Address 1000 Washington Avenue		Amount of Each Disbursement this Period 17.55	
City Pleasantville	State NJ	Zip Code 08232-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement NEWSPAPER SUBSCRIPTION		Category/ Type	
Candidate Name		<input type="checkbox"/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		[MEMO ITEM] MEMO: NEWSPAPER SUBSCRIPTION	

Full Name (Last, First, Middle Initial) C. The Congressional Institute		Transaction ID: 60414.E829 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6	
Mailing Address 401 Wythe Street, Suite 103		Amount of Each Disbursement this Period 1556.00	
City Alexandria	State VA	Zip Code 22314-1927	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement CONGRESSIONAL RETREAT		Category/ Type	
Candidate Name		<input type="checkbox"/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		[MEMO ITEM] MEMO: CONGRESSIONAL RETREAT	

SUBTOTAL of Disbursements This Page (optional) ▶	1530.83
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
LoBiondo for Congress

Full Name (Last, First, Middle Initial) A. NJ EZ Pass		Transaction ID: 60414.E830 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6
Mailing Address 375 McCarter Highway (Rte 21)		Amount of Each Disbursement this Period 25.00
City Newark State NJ Zip Code 07114-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TOLLS Candidate Name	Category/Type	[MEMO ITEM] MEMO: TOLLS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. US House Dining Room		Transaction ID: 60414.E832 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address Capital Building		Amount of Each Disbursement this Period 94.50
City Washington State DC Zip Code 20515-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement DINING Candidate Name	Category/Type	[MEMO ITEM] MEMO: DINING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Platinum Plus for Business		Transaction ID: 60414.E825 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6
Mailing Address P.O. Box 15463		Amount of Each Disbursement this Period 2456.27
City Wilmington State DE Zip Code 19850-5463	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEE BELOW Candidate Name	Category/Type	SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2456.27
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

PAGE 80 / 93

<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)
LoBiondo for Congress

Full Name (Last, First, Middle Initial) A. Adobe Systems Inc.		Transaction ID: 60414.E836 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6
Mailing Address 345 Park Avenue		Amount of Each Disbursement this Period 428.89 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City San Jose State CA Zip Code 95110-2704	Category/Type	
Purpose of Disbursement SOFTWARE Candidate Name		[MEMO ITEM] MEMO: SOFTWARE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. BJs Wholesale Club		Transaction ID: 60414.E849 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 6
Mailing Address Delsea Drive		Amount of Each Disbursement this Period 68.62 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Vineland State NJ Zip Code 08360-	Category/Type	
Purpose of Disbursement SUPPLIES Candidate Name		[MEMO ITEM] MEMO: SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Cingular Wireless		Transaction ID: 60414.E843 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 0 6
Mailing Address P.O. Box 17542		Amount of Each Disbursement this Period 514.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Baltimore State MD Zip Code 21297-1542	Category/Type	
Purpose of Disbursement BLACKBERRY DEVICES Candidate Name		[MEMO ITEM] MEMO: BLACKBERRY DEVICES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input 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)

PAGE 81 / 93

<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)
LoBiondo for Congress

Full Name (Last, First, Middle Initial) A. Comcast Cable		Transaction ID: 60414.E842 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6
Mailing Address P.O. Box 3005		Amount of Each Disbursement this Period 60.00
City Southeastern State PA Zip Code 19398-3005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement INTERNET CONNECTION Candidate Name		[MEMO ITEM] MEMO: INTERNET CONNECTION
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Go Daddy.com		Transaction ID: 60414.E850 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6
Mailing Address 14455 N. Hayden Rd, Suite 219		Amount of Each Disbursement this Period 16.40
City Scottsdale State AZ Zip Code 85260-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement INTERNET SERVICES Candidate Name		[MEMO ITEM] MEMO: INTERNET SERVICES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Go Daddy.com		Transaction ID: 60414.E852 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 6
Mailing Address 14455 N. Hayden Rd, Suite 219		Amount of Each Disbursement this Period 75.84
City Scottsdale State AZ Zip Code 85260-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement INTERNET SERVICES Candidate Name		[MEMO ITEM] MEMO: INTERNET SERVICES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input 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)

PAGE 82 / 93

<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)
LoBiondo for Congress

Full Name (Last, First, Middle Initial) A. Go Daddy.com		Transaction ID: 60414.E851 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6
Mailing Address 14455 N. Hayden Rd, Suite 219		Amount of Each Disbursement this Period 157.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code Scottsdale AZ 85260-	Purpose of Disbursement INTERNET SERVICES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: INTERNET SERVICES

Full Name (Last, First, Middle Initial) B. MGM Grand Hotel		Transaction ID: 60414.E837 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6
Mailing Address P.O. Box		Amount of Each Disbursement this Period 250.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code Las Vegas NV 89193-	Purpose of Disbursement MEALS & LODGING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: MEALS & LODGING

Full Name (Last, First, Middle Initial) C. MGM Grand Hotel		Transaction ID: 60414.E838 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6
Mailing Address P.O. Box		Amount of Each Disbursement this Period 76.29 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code Las Vegas NV 89193-	Purpose of Disbursement MEALS & LODGING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: MEALS & LODGING

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 83 / 93

<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)
LoBiondo for Congress

Full Name (Last, First, Middle Initial) A. Smith & Wollensky of Washington		Transaction ID: 60414.E855 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6	
Mailing Address 1112 19th Street, N.W.		Amount of Each Disbursement this Period 319.50	
City Washington State DC Zip Code 20036-	Purpose of Disbursement DINNER MEETING Candidate Name Category/ Type	<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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM] MEMO: DINNER MEETING	
State: District:			

Full Name (Last, First, Middle Initial) B. Staples		Transaction ID: 60414.E844 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 0 6	
Mailing Address 2285 North 2nd Street		Amount of Each Disbursement this Period 55.28	
City Millville State NJ Zip Code 08332-	Purpose of Disbursement OFFICE SUPPLIES Candidate Name Category/ Type	<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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM] MEMO: OFFICE SUPPLIES	
State: District:			

Full Name (Last, First, Middle Initial) C. Staples		Transaction ID: 60414.E835 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6	
Mailing Address 2285 North 2nd Street		Amount of Each Disbursement this Period 88.56	
City Millville State NJ Zip Code 08332-	Purpose of Disbursement OFFICE SUPPLIES Candidate Name Category/ Type	<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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM] MEMO: OFFICE SUPPLIES	
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)

<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)
LoBiondo for Congress

Full Name (Last, First, Middle Initial) A. Staples		Transaction ID: 60414.E834 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6	
Mailing Address 2285 North 2nd Street		Amount of Each Disbursement this Period 187.14	
City Millville State NJ Zip Code 08332-	Purpose of Disbursement OFFICE SUPPLIES Candidate Name Category/ Type	<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:		[MEMO ITEM] MEMO: OFFICE SUPPLIES	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Platinum Plus for Business		Transaction ID: 60414.E827 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 6	
Mailing Address P.O. Box 15463		Amount of Each Disbursement this Period 816.12	
City Wilmington State DE Zip Code 19850-5463	Purpose of Disbursement SEE BELOW Candidate Name Category/ Type	<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:		SEE BELOW	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Federal Express		Transaction ID: 60414.E875 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 6	
Mailing Address 3875 Airways, Module H3		Amount of Each Disbursement this Period 178.65	
City Memphis State TN Zip Code 38116-	Purpose of Disbursement DELIVERY CHARGES Candidate Name Category/ Type	<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:		[MEMO ITEM] MEMO: DELIVERY CHARGES	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional) ▶	816.12
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
LoBiondo for Congress

Full Name (Last, First, Middle Initial) A. Go Daddy.com		Transaction ID: 60414.E853 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 6
Mailing Address 14455 N. Hayden Rd, Suite 219		Amount of Each Disbursement this Period 7.20
City Scottsdale State AZ Zip Code 85260-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement INTERNET SERVICES	Candidate Name	[MEMO ITEM] MEMO: INTERNET SERVICES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Go Daddy.com		Transaction ID: 60414.E854 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address 14455 N. Hayden Rd, Suite 219		Amount of Each Disbursement this Period 379.20
City Scottsdale State AZ Zip Code 85260-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement INTERNET SERVICES	Candidate Name	[MEMO ITEM] MEMO: INTERNET SERVICES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. The Inn at Sugar Hill		Transaction ID: 60414.E878 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6
Mailing Address 5704 Mays Landing Road		Amount of Each Disbursement this Period 80.75
City Mays Landing State NJ Zip Code 08330-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement DINNER MEETING	Candidate Name	[MEMO ITEM] MEMO: DINNER MEETING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input 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)

PAGE 86 / 93

<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)
LoBiondo for Congress

A. Postmaster-Bridgeton Full Name (Last, First, Middle Initial) Mailing Address Main Office City Bridgeton State NJ Zip Code 08302- Purpose of Disbursement POSTAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60414.E874 Date of Disbursement 03 / 06 / 2006 Amount of Each Disbursement this Period 39.87 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: POSTAGE
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B. Platinum Plus for Business Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 15463 City Wilmington State DE Zip Code 19850-5463 Purpose of Disbursement SEE BELOW Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60414.E826 Date of Disbursement 03 / 20 / 2006 Amount of Each Disbursement this Period 101.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SEE BELOW
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C. The Press of Atlantic City Full Name (Last, First, Middle Initial) Mailing Address 1000 Washington Avenue City Pleasantville State NJ Zip Code 08232- Purpose of Disbursement NEWSPAPER SUBSCRIPTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60414.E872 Date of Disbursement 02 / 28 / 2006 Amount of Each Disbursement this Period 17.55 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: NEWSPAPER SUBSCRIPTION
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SUBTOTAL of Disbursements This Page (optional) ▶	101.30
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
LoBiondo for Congress

Full Name (Last, First, Middle Initial) A. NJ EZ Pass		Transaction ID: 60414.E869 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 6
Mailing Address 375 McCarter Highway (Rte 21)		Amount of Each Disbursement this Period 25.00
City Newark State NJ Zip Code 07114-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TOLLS	Candidate Name	[MEMO ITEM] MEMO: TOLLS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. US House Dining Room		Transaction ID: 60414.E871 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6
Mailing Address Capital Building		Amount of Each Disbursement this Period 41.75
City Washington State DC Zip Code 20515-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement DINING	Candidate Name	[MEMO ITEM] MEMO: DINING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Postmaster-Vineland		Transaction ID: 60414.E811 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address 732 Landis Avenue		Amount of Each Disbursement this Period 500.00
City Vineland State NJ Zip Code 08362-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement BUSINESS REPLY MAIL PERMIT FEE	Candidate Name	BUSINESS REPLY MAIL PERMIT FEE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	500.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) 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)
LoBiondo for Congress

Full Name (Last, First, Middle Initial) A. Postmaster-Vineland		Transaction ID: 60414.E823 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6
Mailing Address 732 Landis Avenue		Amount of Each Disbursement this Period 660.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Vineland State NJ Zip Code 08362-	Purpose of Disbursement PERMIT FEE & POSTAGE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PERMIT FEE & POSTAGE

Full Name (Last, First, Middle Initial) B. Postmaster-Vineland		Transaction ID: 60414.E883 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 732 Landis Avenue		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Vineland State NJ Zip Code 08362-	Purpose of Disbursement BUSINESS REPLY MAIL POSTAGE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	BUSINESS REPLY MAIL POSTAGE

Full Name (Last, First, Middle Initial) C. QUD, LLC d/b/a Que Direct		Transaction ID: 60414.E857 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address The Mail House 825 Hylton Road		Amount of Each Disbursement this Period 1032.48 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Pennsauken State NJ Zip Code 08109-	Purpose of Disbursement MAILING SERVICE-CALENDARS Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MAILING SERVICE-CALENDARS

SUBTOTAL of Disbursements This Page (optional) ▶	2192.48
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 89 / 93

<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)
LoBiondo for Congress

Full Name (Last, First, Middle Initial) A. Republican Women of Cape May County		Transaction ID: 60414.E810 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6
Mailing Address P.O. Box 552		Amount of Each Disbursement this Period 100.00
City Marmora State NJ Zip Code 08223-0552	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FULL PAGE PROGRAM BOOK AD Candidate Name		FULL PAGE PROGRAM BOOK AD
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Sun National Bank		Transaction ID: 60414.E864 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 226 W. Landis Avenue		Amount of Each Disbursement this Period 6102.00
City Vineland State NJ Zip Code 08360-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FORM 1120-POL TAX PAYMENT Candidate Name		FORM 1120-POL TAX PAYMENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Sun National Bank		Transaction ID: 60414.E868 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 226 W. Landis Avenue		Amount of Each Disbursement this Period 1834.00
City Vineland State NJ Zip Code 08360-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FORM 8109-B ADDL DEPOSIT Candidate Name		FORM 8109-B ADDL DEPOSIT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	8036.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 90 / 93

<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)
LoBiondo for Congress

Full Name (Last, First, Middle Initial) A. Kevin Tomafsky		Transaction ID: 60414.E815 Date of Disbursement 02 / 03 / 2006
Mailing Address 40 Algonkin Court		Amount of Each Disbursement this Period 3125.00
City Sewell State NJ Zip Code 08080-1804	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN CONSULTANT		CAMPAIGN CONSULTANT
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Kevin Tomafsky		Transaction ID: 60414.E816 Date of Disbursement 02 / 27 / 2006
Mailing Address 40 Algonkin Court		Amount of Each Disbursement this Period 3125.00
City Sewell State NJ Zip Code 08080-1804	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN CONSULTANT		CAMPAIGN CONSULTANT
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Kevin Tomafsky		Transaction ID: 60414.E817 Date of Disbursement 03 / 31 / 2006
Mailing Address 40 Algonkin Court		Amount of Each Disbursement this Period 3125.00
City Sewell State NJ Zip Code 08080-1804	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN CONSULTANT		CAMPAIGN CONSULTANT
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	9375.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
LoBiondo for Congress

Full Name (Last, First, Middle Initial) A. TurnKey Productions, LLC		Transaction ID: 60414.E781 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 6
Mailing Address 370 Tall Tree Court		Amount of Each Disbursement this Period 4705.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Jackson State NJ Zip Code 08527-	Purpose of Disbursement FUNDRAISING CONSULTANT Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FUNDRAISING CONSULTANT

Full Name (Last, First, Middle Initial) B. TurnKey Productions, LLC		Transaction ID: 60414.E782 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6
Mailing Address 370 Tall Tree Court		Amount of Each Disbursement this Period 4795.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Jackson State NJ Zip Code 08527-	Purpose of Disbursement FUNDRAISING CONSULTANT Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FUNDRAISING CONSULTANT

Full Name (Last, First, Middle Initial) C. TurnKey Productions, LLC		Transaction ID: 60414.E783 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 6
Mailing Address 370 Tall Tree Court		Amount of Each Disbursement this Period 4554.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Jackson State NJ Zip Code 08527-	Purpose of Disbursement FUNDRAISING CONSULTANT Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FUNDRAISING CONSULTANT

SUBTOTAL of Disbursements This Page (optional) ▶	14055.46
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 92 / 93

<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)
LoBiondo for Congress

Full Name (Last, First, Middle Initial) A. Verizon		Transaction ID: 60414.E756 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6
Mailing Address P.O. Box 4833		Amount of Each Disbursement this Period 83.56
City State Zip Code Trenton NJ 08650-4833	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TELEPHONE	Candidate Name	TELEPHONE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Verizon		Transaction ID: 60414.E757 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6
Mailing Address P.O. Box 4833		Amount of Each Disbursement this Period 98.04
City State Zip Code Trenton NJ 08650-4833	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TELEPHONE	Candidate Name	TELEPHONE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Verizon		Transaction ID: 60414.E758 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 6
Mailing Address P.O. Box 4833		Amount of Each Disbursement this Period 122.69
City State Zip Code Trenton NJ 08650-4833	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TELEPHONE	Candidate Name	TELEPHONE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	304.29
TOTAL This Period (last page this line number only) ▶	66242.39

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 93 / 93

<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)
LoBiondo for Congress

A. Full Name (Last, First, Middle Initial)
Friends of Frank Minor

Mailing Address 210 Abbey Lane

City Swedesboro State NJ Zip Code 08085-

Purpose of Disbursement
CAMPAIGN CONTRIB FROM EXCESS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: 60414.E865

Date of Disbursement

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
0	3		1	5		2	0	0	6

Amount of Each Disbursement this Period

250.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

250.00

TOTAL This Period (last page this line number only)

250.00