

Lautenberg

For Senate

SECRETARY OF THE SENATE

04 OCT 19 AM 10:36

TRANSMITTAL

TO: Senate Office of Public Records
FROM: Lautenberg for Senate, Inc.
DATE: 2004/10/15
RE: October 15 Quarterly Report

Attached is the October 15 Quarterly Report for Lautenberg for Senate, Inc. (C00382457).

If you have any questions or concerns related to the attached materials, please advise.

Thank you for your attention.

Mail to: United States Senate
Office of Public Records
P.O. Box 5109
Alexandria, VA 22301-0109

Gateway One, 23rd Floor, Newark, NJ 07102

Contributions and gifts to Lautenberg for Senate are not tax deductible
Paid for by Lautenberg for Senate

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

SECRETARY OF THE SENATE

04 OCT 19 AM 10:34

Office Use Only

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

ADDRESS (number and street) Gateway One, 23rd Floor Newark NJ 07102

2. FEC IDENTIFICATION NUMBER C00382457 3. IS THIS REPORT NEW (N) OR AMENDED (A) STATE DISTRICT NJ

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

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

5. Covering Period 07 01 2004 through 09 30 2004

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 Michael J. Faigen Signature of Treasurer [Signature] Date 10 15 2004

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

Table with 7 columns for Office Use Only

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Lautenberg for Senate, Inc.

Report Covering the Period:

From:

MM	DD	YYYY
07	01	2004

To:

MM	DD	YYYY
09	30	2004

	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)).....	21325.00	454217.24
(b) Total Contribution Refunds (from Line 20(d)).....	8.00	29880.24
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	21317.00	424337.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	23357.73	315992.63
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	13225.74
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	23357.73	302766.89
8. Cash on Hand at Close of Reporting Period (from Line 27).....	226142.51	
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).....	1410000.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Page 3

Write or Type Committee Name
Lautenberg for Senate, Inc.

Report Covering the Period:

From:

MM	DD	YYYY
07	01	2004

To:

MM	DD	YYYY
09	30	2004

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).....

14500.00

75.00

(ii) Unitemized.....

(iii) TOTAL of contributions

14575.00

329345.00

From Individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

6750.00

124872.24

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

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

21325.00

454217.24

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

0.00

20083.94

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.).....

0.00

13225.74

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

0.00

0.00

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

21325.00

487526.92

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	23357.73	315992.63
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	100000.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	100000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	8.00	22108.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	7772.24
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	8.00	29880.24
21. OTHER DISBURSEMENTS.....	18000.00	65000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	41365.73	510872.87

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	246183.24
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	21325.00
25. SUBTOTAL (add Line 23 and Line 24).....	267508.24
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	41365.73
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	226142.51

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

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

FOR LINE NUMBER: PAGE 5 / 31

(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

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)
Lautenberg for Senate, Inc.

A. AFPAC

Full Name (Last, First, Middle Initial)
Mailing Address Argent Fox PLLC PAC
1050 Connecticut Avenue NW
City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee: **C** C00241380

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) General 2002

Election Cycle-to-Date 1000.00

Date of Receipt 08 / 18 / 2004

Transaction ID: 1010200438C5372

Amount of Each Receipt this Period 1000.00

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

NOTE: Debt Retirement

B. AGSH&F Civic Action Committee

Full Name (Last, First, Middle Initial)
Mailing Address 1333 New Hampshire Avenue NW
City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee: **C** C00104801

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) General 2002

Election Cycle-to-Date 750.00

Date of Receipt 08 / 02 / 2004

Transaction ID: 1010200438C5370

Amount of Each Receipt this Period 750.00

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

NOTE: Debt Retirement

C. Hitenbrand Industries PAC

Full Name (Last, First, Middle Initial)
Mailing Address 700 State Route 46 East
City Batesville State IN Zip Code 47008

FEC ID number of contributing federal political committee: **C** C00383804

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify)

Election Cycle-to-Date 1500.00

Date of Receipt 08 / 30 / 2004

Transaction ID: 1010200438C5378

Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) ...

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

2750.00

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

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

FOR LINE NUMBER: PAGE 6 / 31

(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)
Lautenberg for Senate, Inc.

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

Mailing Address L-3 Communications Corporation
600 Third Avenue

City State Zip Code
New York NY 10016

FEC ID number of contributing federal political committee. **C** C00338087

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2008.00

Date of Receipt
MM / DD / YYYY
07 / 27 / 2004

Transaction ID: 1010200436C5366

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(A)-1)

B. Full Name (Last, First, Middle Initial)
PMA Group PAC

Mailing Address PMA Group
1755 Jefferson Davis Highway, Suit

City State Zip Code
Arlington VA 22202-3508

FEC ID number of contributing federal political committee. **C** C00280321

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2004

Transaction ID: 1010200436C5374

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(A)-1)

C. Full Name (Last, First, Middle Initial)
Spitt Airlines Inc PAC

Mailing Address 2800 Executive Way

City State Zip Code
Hollywood FL 33025

FEC ID number of contributing federal political committee. **C** C00389998

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2004

Transaction ID: 1010200436C5378

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(A)-1)

SUBTOTAL of Receipts This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER: PAGE 7 / 31

(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)

Lautenberg for Senate, Inc.

Full Name (Last, First, Middle Initial)

A. US Cuba Democracy PAC

Mailing Address 1200 West 49th Street

City State Zip Code
Hialeah FL 33012-

FEC ID number of contributing federal political committee. **C** CD0387720

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) General 2002

Election Cycle-to-Date
1000.00

Date of Receipt

MM / DD / YYYY
08 / 16 / 2004

Transaction ID: 101020043BC5373

Amount of Each Receipt this Period

1000.00

Receipt

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(p)(4)(1)-(1))

NOTE: Debt Retirement

SUBTOTAL of Receipts This Page (optional) ▶

1000.00

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

6750.00

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

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

FOR LINE NUMBER: PAGE 8 / 31

(check only one)

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

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NAME OF COMMITTEE (In Full)
Lautenberg for Senate, Inc.

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

Mailing Address 115 Central Park West
Apartment 19A

City New York State NY Zip Code 10023-

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

Name of Employer Gotham Partners Mgmt Co LLC
Occupation Investment Manager

Receipt For: 2008
 Primary General
 Other (specify) ▼
General 2002

Election Cycle-to-Date ▼
1000.00

Date of Receipt
08 / 23 / 2004

Transaction ID: 1010200436C5377

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)41a-1)

NOTE:Debt Retirement

B. Full Name (Last, First, Middle Initial)
Anthony V Bealer

Mailing Address 14 Wexford Drive

City Mendham State NJ Zip Code 07945-

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

Name of Employer Construction Technology Corp
Occupation CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼
General 2002

Election Cycle-to-Date ▼
500.00

Date of Receipt
08 / 30 / 2004

Transaction ID: 1010200436C5379

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)41a-1)

NOTE:Debt Retirement

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

Mailing Address 2550 M Street NW

City Washington State DC Zip Code 20037-

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

Name of Employer Barbara Boggs Associates Inc
Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼
General 2002

Election Cycle-to-Date ▼
1000.00

Date of Receipt
07 / 27 / 2004

Transaction ID: 1010200436C5381

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)41a-1)

NOTE:Debt Retirement

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

2500.00

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

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

FOR LINE NUMBER: PAGE 0 / 31

(check only one)

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

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NAME OF COMMITTEE (In Full)
Lautenberg for Senate, Inc.

A. Full Name (Last, First, Middle Initial)
Barbara Denechaud Boggs

Mailing Address 2550 M Street NW

City Washington State DC Zip Code 20037-

FEC ID number of contributing federal political committee. C

Name of Employer Barbara Boggs Associates Inc
Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
07 / 27 / 2004

Transaction ID: 1010200436C5360

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)441a-1)

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

Mailing Address 310 Bridgeboro Road

City Moorestown State NJ Zip Code 08057-

FEC ID number of contributing federal political committee. C

Name of Employer Edmund Optics
Occupation CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2004

Transaction ID: 1010200436C5375

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)441a-1)

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

Mailing Address 30 Montgomery Street
15th Floor

City Jersey City State NJ Zip Code 07302-

FEC ID number of contributing federal political committee. C

Name of Employer Set
Occupation Real Estate Developer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
07 / 27 / 2004

Transaction ID: 1010200436C5363

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)441a-1)

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

5000.00

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

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

FOR LINE NUMBER:		PAGE 10 / 31	
<input checked="" type="checkbox"/>	11a 12	<input type="checkbox"/>	11b 13a
<input type="checkbox"/>	11c 13b	<input type="checkbox"/>	11d 14
<input type="checkbox"/>	15		

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NAME OF COMMITTEE (In Full)
Lautenberg for Senate, Inc.

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

Mailing Address **30 Montgomery Street
15th Floor**

City **Jersey City** State **NJ** Zip Code **07302-**

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

Name of Employer **Self** Occupation **Real Estate Developer**

Receipt For: 2008
 Primary General
 Other (specify) **General 2002**

Election Cycle-to-Date **3000.00**

Date of Receipt
07 / 27 / 2004

Transaction ID: **1010200436C5362**

Amount of Each Receipt this Period
1000.00

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

NOTE:Debt Retirement

B. Full Name (Last, First, Middle Initial)
Stefania Panepinto

Mailing Address **29 Victoria Lane**

City **Tenafly** State **NJ** Zip Code **07670-**

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

Name of Employer **Self** Occupation **Real Estate**

Receipt For: 2008
 Primary General
 Other (specify) **General 2002**

Election Cycle-to-Date **1000.00**

Date of Receipt
07 / 27 / 2004

Transaction ID: **1010200436C5365**

Amount of Each Receipt this Period
1000.00

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

NOTE:Debt Retirement

C. Full Name (Last, First, Middle Initial)
Stefania Panepinto

Mailing Address **29 Victoria Lane**

City **Tenafly** State **NJ** Zip Code **07670-**

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

Name of Employer **Self** Occupation **Real Estate**

Receipt For: 2008
 Primary General
 Other (specify) **General 2002**

Election Cycle-to-Date **3000.00**

Date of Receipt
07 / 27 / 2004

Transaction ID: **1010200436C5364**

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

4000.00

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

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

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

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NAME OF COMMITTEE (In Full)
Lautenberg for Senate, Inc.

A. Full Name (Last, First, Middle Initial)
Alan J Roth

Mailing Address 1845 Vernon Street NW

City Washington State DC Zip Code 20009-

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

Name of Employer Lant Scrivner & Roth LLC Occupation Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
08 / 02 / 2004

Transaction ID: 1010200436C5367

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)41a-1)

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

Mailing Address PO Box 106

City Glen Ridge State NJ Zip Code 07028-

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

Name of Employer NY & Greenwood Lake Railw-ay Occupation CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
08 / 02 / 2004

Transaction ID: 1010200436C5368

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)41a-1)

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

Mailing Address PO Box 106

City Glen Ridge State NJ Zip Code 07028-

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

Name of Employer NY & Greenwood Lake Railw-ay Occupation CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼
General 2002

Election Cycle-to-Date ▼
2000.00

Date of Receipt
08 / 02 / 2004

Transaction ID: 1010200436C5369

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)41a-1)

NOTE:Debt Retirement

SUBTOTAL of Receipts This Page (optional) ▶ 3000.00

TOTAL This Period (last page this line number only) ▶ 14500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 12 / 31
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Lautenberg for Senate, Inc.

Full Name (Last, First, Middle Initial) A. Advance at Gateway Newark, LLC		Transaction ID: 0711200424E3282	
Mailing Address Advance Realty Group 1450 Route 206, Suite 100		Date of Disbursement 07 / 01 / 2004	
City Bedminster	State NJ	Zip Code 07921-	Amount of Each Disbursement this Period 40.20
Purpose of Disbursement UTILITIES	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		UTILITIES
State: District:	Category/ Type		

Full Name (Last, First, Middle Initial) B. Advance at Gateway Newark, LLC		Transaction ID: 0711200424E3281	
Mailing Address Advance Realty Group 1450 Route 206, Suite 100		Date of Disbursement 07 / 01 / 2004	
City Bedminster	State NJ	Zip Code 07921-	Amount of Each Disbursement this Period 758.09
Purpose of Disbursement RENT	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		RENT
State: District:	Category/ Type		

Full Name (Last, First, Middle Initial) C. Advance at Gateway Newark, LLC		Transaction ID: 0711200424E3283	
Mailing Address Advance Realty Group 1450 Route 206, Suite 100		Date of Disbursement 07 / 01 / 2004	
City Bedminster	State NJ	Zip Code 07921-	Amount of Each Disbursement this Period 4.53
Purpose of Disbursement TAX - REAL ESTATE	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		TAX - REAL ESTATE
State: District:	Category/ Type		

SUBTOTAL of Disbursements This Page (optional)	802.82
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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17 20a 18 20b 19a 20c 19b 21

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NAME OF COMMITTEE (In Full)
Lautenberg for Senate, Inc.

A. Advance at Gateway Newark, LLC

Full Name (Last, First, Middle Initial)
Advance Realty Group
1450 Route 206, Suite 100

Mailing Address: Advance Realty Group, 1450 Route 206, Suite 100

City: Bedminster, State: NJ, Zip Code: 07921-

Purpose of Disbursement: UTILITIES

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District

Transaction ID: 1010200436E3302
Date of Disbursement: 08/09/2004

Amount of Each Disbursement this Period: 40.20

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

UTILITIES

B. Advance at Gateway Newark, LLC

Full Name (Last, First, Middle Initial)
Advance Realty Group
1450 Route 206, Suite 100

Mailing Address: Advance Realty Group, 1450 Route 206, Suite 100

City: Bedminster, State: NJ, Zip Code: 07921-

Purpose of Disbursement: RENT

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District

Transaction ID: 1010200436E3301
Date of Disbursement: 08/09/2004

Amount of Each Disbursement this Period: 758.09

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

RENT

C. Advance at Gateway Newark, LLC

Full Name (Last, First, Middle Initial)
Advance Realty Group
1450 Route 206, Suite 100

Mailing Address: Advance Realty Group, 1450 Route 206, Suite 100

City: Bedminster, State: NJ, Zip Code: 07921-

Purpose of Disbursement: TAX - REAL ESTATE

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District

Transaction ID: 1010200436E3303
Date of Disbursement: 08/09/2004

Amount of Each Disbursement this Period: 0.65

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

TAX - REAL ESTATE

SUBTOTAL of Disbursements This Page (optional) ▶ 798.94

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 14 / 31
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Lautenberg for Senate, Inc.

Full Name (Last, First, Middle Initial) A. Advance at Gateway Newark, LLC		Transaction ID: 1010200436E3326
Mailing Address: Advance Realty Group 1450 Route 206, Suite 100		Date of Disbursement 09 / 01 / 2004
City: Bedminster State: NJ Zip Code: 07921-	Purpose of Disbursement TAX - REAL ESTATE	Amount of Each Disbursement this Period 0.65
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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TAX - REAL ESTATE

Full Name (Last, First, Middle Initial) B. Advance at Gateway Newark, LLC		Transaction ID: 1010200436E3324
Mailing Address: Advance Realty Group 1450 Route 206, Suite 100		Date of Disbursement 09 / 01 / 2004
City: Bedminster State: NJ Zip Code: 07921-	Purpose of Disbursement RENT	Amount of Each Disbursement this Period 758.09
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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	RENT

Full Name (Last, First, Middle Initial) C. Advance at Gateway Newark, LLC		Transaction ID: 1010200436E3325
Mailing Address: Advance Realty Group 1450 Route 206, Suite 100		Date of Disbursement 09 / 01 / 2004
City: Bedminster State: NJ Zip Code: 07921-	Purpose of Disbursement UTILITIES	Amount of Each Disbursement this Period 40.20
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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	UTILITIES

SUBTOTAL of Disbursements This Page (optional)	798.94
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 15 / 31
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 18a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Lautenberg for Senate, Inc.

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: 1010200436E3343	
Mailing Address P.O. Box 1270		Date of Disbursement 07 / 01 / 2004	
City Newark	State NJ	Zip Code 07101-	Amount of Each Disbursement this Period 5.00
Purpose of Disbursement PROCESSING FEE		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		PROCESSING FEE
State: District:			

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: 1010200436E3347	
Mailing Address P.O. Box 1270		Date of Disbursement 08 / 03 / 2004	
City Newark	State NJ	Zip Code 07101-	Amount of Each Disbursement this Period 5.00
Purpose of Disbursement PROCESSING FEE		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		PROCESSING FEE
State: District:			

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: 1010200436E3320	
Mailing Address P.O. Box 1270		Date of Disbursement 08 / 18 / 2004	
City Newark	State NJ	Zip Code 07101-	Amount of Each Disbursement this Period 1605.08
Purpose of Disbursement TRAVEL EXPENSES		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		TRAVEL EXPENSES
State: District:			

SUBTOTAL of Disbursements This Page (optional)	1615.08
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 16 / 31
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b
	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (in Full)
Lautenberg for Senate, Inc.

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: 1010200436E3319 Date of Disbursement 08 / 16 / 2004
Mailing Address P.O. Box 1270		Amount of Each Disbursement this Period 1089.61
City Newark	State NJ Zip Code 07101-	
Purpose of Disbursement CREDIT CARD: SEE BELOW		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CREDIT CARD: SEE BELOW
State: District:		

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: 1010200436E3357 Date of Disbursement 08 / 16 / 2004
Mailing Address P.O. Box 1270		Amount of Each Disbursement this Period 988.28
City Newark	State NJ Zip Code 07101-	
Purpose of Disbursement TRAVEL EXPENSES		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: TRAVEL EXPENSES
State: District:		

Full Name (Last, First, Middle Initial) C. Kinkos - Boston		Transaction ID: 1010200436E3358 Date of Disbursement 08 / 16 / 2004
Mailing Address 2 Center Plaza		Amount of Each Disbursement this Period 101.33
City Boston	State MA Zip Code 02108-	
Purpose of Disbursement PRINTING SERVICES		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRINTING SERVICES
State: District:		

SUBTOTAL of Disbursements This Page (optional)	1089.61
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 17 / 31
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Lautenberg for Senate, Inc.

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: 1010200436E3348	
Mailing Address P.O. Box 1270		Date of Disbursement 09 / 03 / 2004	
City Newark	State NJ	Zip Code 07101-	Amount of Each Disbursement this Period 5.00
Purpose of Disbursement PROCESSING FEE		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		PROCESSING FEE
State: District:			

Full Name (Last, First, Middle Initial) B. Asselta & Company		Transaction ID: 0711200424E3279	
Mailing Address 804 Quincy Court		Date of Disbursement 07 / 01 / 2004	
City Glassboro	State NJ	Zip Code 08028-	Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement FUNDRAISING SERVICES		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		FUNDRAISING SERVICES
State: District:			

Full Name (Last, First, Middle Initial) C. Asselta & Company		Transaction ID: 1010200436E3307	
Mailing Address 604 Quincy Court		Date of Disbursement 08 / 09 / 2004	
City Glassboro	State NJ	Zip Code 08028-	Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement FUNDRAISING SERVICES		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		FUNDRAISING SERVICES
State: District:			

SUBTOTAL of Disbursements This Page (optional)	5005.00
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 18 / 31
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Lautenberg for Senate, Inc.

Full Name (Last, First, Middle Initial) A. Assella & Company		Transaction ID: 1010200438E3308	
Mailing Address 604 Quincy Court		Date of Disbursement	
City Glassboro State NJ Zip Code 08028-		MM / DD / YYYY 08 / 08 / 2004	
Purpose of Disbursement FUNDRAISING EXPENSES		Amount of Each Disbursement this Period 1140.85	
Candidata Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:		<input type="checkbox"/> Other (specify) ▼	
		FUNDRAISING EXPENSES	

Full Name (Last, First, Middle Initial) B. Assella & Company		Transaction ID: 1010200438E3327	
Mailing Address 604 Quincy Court		Date of Disbursement	
City Glassboro State NJ Zip Code 08028-		MM / DD / YYYY 09 / 01 / 2004	
Purpose of Disbursement FUNDRAISING SERVICES		Amount of Each Disbursement this Period 2500.00	
Candidata Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:		<input type="checkbox"/> Other (specify) ▼	
		FUNDRAISING SERVICES	

Full Name (Last, First, Middle Initial) C. Bank Card Services - Visa		Transaction ID: 1010200438E3322	
Mailing Address 30055 Wilshire Boulevard, 3rd Floor		Date of Disbursement	
City Los Angeles State CA Zip Code 90010-		MM / DD / YYYY 08 / 16 / 2004	
Purpose of Disbursement TRAVEL EXPENSES		Amount of Each Disbursement this Period 511.70	
Candidata Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:		<input type="checkbox"/> Other (specify) ▼	
		TRAVEL EXPENSES	

SUBTOTAL of Disbursements This Page (optional)	4152.65
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 31
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b
	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Lautenberg for Senate, Inc.

A. Bank One Visa

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 8650

City Wilmington State DE Zip Code 19899-8650

Purpose of Disbursement
CREDIT CARD: SEE BELOW

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 1010200436E3321
Date of Disbursement
08 / 16 / 2004

Amount of Each Disbursement this Period
1168.42

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

CREDIT CARD: SEE BELOW

B. Bank One Visa

Full Name (Last, First, Middle Initial)
Mailing Address PD Box 8650

City Wilmington State DE Zip Code 19899-8650

Purpose of Disbursement
TRAVEL EXPENSES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 1010200436E3350
Date of Disbursement
08 / 16 / 2004

Amount of Each Disbursement this Period
1036.70

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

(MEMO ITEM)
MEMO: TRAVEL EXPENSES

C. Kinkos - Boston

Full Name (Last, First, Middle Initial)
Mailing Address 2 Center Plaza

City Boston State MA Zip Code 02108-

Purpose of Disbursement
PRINTING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 1010200436E3360
Date of Disbursement
08 / 16 / 2004

Amount of Each Disbursement this Period
131.72

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

(MEMO ITEM)
MEMO: PRINTING SERVICES

SUBTOTAL of Disbursements This Page (optional)	1168.42
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 20 / 31

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)

Leutenberg for Senate, Inc.

Full Name (Last, First, Middle Initial)

A. Common Sense Consulting

Mailing Address 222 Stony Brook Road

City Hopewell State NJ Zip Code 08525-

Purpose of Disbursement
ADMINISTRATIVE/COMPLIANCE SERVICES

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District

Transaction ID: 0711200424E3284

Date of Disbursement

MM / DD / YYYY
07 / 01 / 2004

Amount of Each Disbursement this Period

2000.00

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

ADMINISTRATIVE/COMPLIANCE
SERVICES

Full Name (Last, First, Middle Initial)

B. Common Sense Consulting

Mailing Address 222 Stony Brook Road

City Hopewell State NJ Zip Code 08525-

Purpose of Disbursement
ADMINISTRATIVE/COMPLIANCE SERVICES

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District

Transaction ID: 1010200438E3309

Date of Disbursement

MM / DD / YYYY
08 / 09 / 2004

Amount of Each Disbursement this Period

2000.00

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

ADMINISTRATIVE/COMPLIANCE
SERVICES

Full Name (Last, First, Middle Initial)

C. Common Sense Consulting

Mailing Address 222 Stony Brook Road

City Hopewell State NJ Zip Code 08525-

Purpose of Disbursement
ADMINISTRATIVE/COMPLIANCE SERVICES

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District

Transaction ID: 1010200438E3328

Date of Disbursement

MM / DD / YYYY
09 / 01 / 2004

Amount of Each Disbursement this Period

2000.00

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

ADMINISTRATIVE/COMPLIANCE
SERVICES

SUBTOTAL of Disbursements This Page (optional)

6000.00

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 21 / 31
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 18a 20c	<input type="checkbox"/> 18b 21	

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NAME OF COMMITTEE (In Full)
Lautenberg for Senate, Inc.

Full Name (Last, First, Middle Initial) A. Alex Formuzis		Transaction ID: 1010200436E3316									
Mailing Address 301 Ethan Allen Avenue		Date of Disbursement									
City State Zip Code Takoma Park MD 20912-		<table border="1"> <tr> <td>M</td><td>M</td><td>D</td><td>Y</td> </tr> <tr> <td>08</td><td>16</td><td>20</td><td>04</td> </tr> </table>		M	M	D	Y	08	16	20	04
M	M	D	Y								
08	16	20	04								
Purpose of Disbursement TRAVEL EXPENSES		Amount of Each Disbursement this Period									
Candidate Name		<table border="1"> <tr> <td>448.98</td> </tr> </table>		448.98							
448.98											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53									
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		TRAVEL EXPENSES									
State: District:											

Full Name (Last, First, Middle Initial) B. IDT America		Transaction ID: 1010200436E3345									
Mailing Address 520 Broad Street		Date of Disbursement									
City State Zip Code Newark NJ 07102-		<table border="1"> <tr> <td>M</td><td>M</td><td>D</td><td>Y</td> </tr> <tr> <td>08</td><td>13</td><td>20</td><td>04</td> </tr> </table>		M	M	D	Y	08	13	20	04
M	M	D	Y								
08	13	20	04								
Purpose of Disbursement TELECOMMUNICATIONS SERVICES		Amount of Each Disbursement this Period									
Candidate Name		<table border="1"> <tr> <td>59.76</td> </tr> </table>		59.76							
59.76											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53									
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		TELECOMMUNICATIONS SERVICES									
State: District:											

Full Name (Last, First, Middle Initial) C. IDT America		Transaction ID: 1010200436E3329									
Mailing Address 520 Broad Street		Date of Disbursement									
City State Zip Code Newark NJ 07102-		<table border="1"> <tr> <td>M</td><td>M</td><td>D</td><td>Y</td> </tr> <tr> <td>09</td><td>01</td><td>20</td><td>04</td> </tr> </table>		M	M	D	Y	09	01	20	04
M	M	D	Y								
09	01	20	04								
Purpose of Disbursement TELECOMMUNICATIONS SERVICES		Amount of Each Disbursement this Period									
Candidate Name		<table border="1"> <tr> <td>11.28</td> </tr> </table>		11.28							
11.28											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53									
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		TELECOMMUNICATIONS SERVICES									
State: District:											

SUBTOTAL of Disbursements This Page (optional)	518.00
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 22 / 31
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Lautenberg for Senate, Inc.

Full Name (Last, First, Middle Initial) A. Innovative Merchant Solutions		Transaction ID: 1010200436E3352 Date of Disbursement 07 / 06 / 2004	
Mailing Address 26520 Agoura Road		Amount of Each Disbursement this Period 34.50	
City Calabasas State CA Zip Code 91302-	Purpose of Disbursement PROCESSING FEE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PROCESSING FEE	

Full Name (Last, First, Middle Initial) B. Innovative Merchant Solutions		Transaction ID: 1010200436E3349 Date of Disbursement 07 / 27 / 2004	
Mailing Address 26520 Agoura Road		Amount of Each Disbursement this Period 10.00	
City Calabasas State CA Zip Code 91302-	Purpose of Disbursement PROCESSING FEE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PROCESSING FEE	

Full Name (Last, First, Middle Initial) C. Innovative Merchant Solutions		Transaction ID: 1010200436E3353 Date of Disbursement 08 / 03 / 2004	
Mailing Address 26520 Agoura Road		Amount of Each Disbursement this Period 34.50	
City Calabasas State CA Zip Code 91302-	Purpose of Disbursement PROCESSING FEE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PROCESSING FEE	

SUBTOTAL of Disbursements This Page (optional)	79.00
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 23 / 31

17 18 19a 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Lautenberg for Senate, Inc.

Full Name (Last, First, Middle Initial)

A. Innovative Merchant Solutions

Mailing Address 26520 Agoura Road

City Calabasas State CA Zip Code 91302-

Purpose of Disbursement

PROCESSING FEE

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 1010200438E3350

Date of Disbursement

08 / 25 / 2004

Amount of Each Disbursement this Period

10.00

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

PROCESSING FEE

Full Name (Last, First, Middle Initial)

B. Innovative Merchant Solutions

Mailing Address 26520 Agoura Road

City Calabasas State CA Zip Code 91302-

Purpose of Disbursement

PROCESSING FEE

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 1010200436E3354

Date of Disbursement

09 / 03 / 2004

Amount of Each Disbursement this Period

34.50

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

PROCESSING FEE

Full Name (Last, First, Middle Initial)

C. Innovative Merchant Solutions

Mailing Address 26520 Agoura Road

City Calabasas State CA Zip Code 91302-

Purpose of Disbursement

PROCESSING FEE

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 1010200436E3351

Date of Disbursement

09 / 27 / 2004

Amount of Each Disbursement this Period

10.00

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

PROCESSING FEE

SUBTOTAL of Disbursements This Page (optional)

54.50

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)

PAGE 24 / 31

17 20a 18 20b 19a 20c 19b 21

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NAME OF COMMITTEE (In Full)
Lautenberg for Senate, Inc.

Full Name (Last, First, Middle Initial)
A. Next Century Systems Inc

Transaction ID: 0711200424E3288
Date of Disbursement

07 / 01 / 2004

Mailing Address 9 Mount Pleasant Turnpike

Amount of Each Disbursement This Period

495.27

City State Zip Code
Denville NJ 07834

Purpose of Disbursement
COMPUTER SERVICES

Category/
Type

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

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

COMPUTER SERVICES

Full Name (Last, First, Middle Initial)
B. State of New Jersey

Transaction ID: 1010200436E3306
Date of Disbursement

08 / 09 / 2004

Mailing Address Department of the Treasury
Division of Revenue

Amount of Each Disbursement This Period

19.43

City State Zip Code
Trenton NJ 08625

Purpose of Disbursement
PAYROLL TAX

Category/
Type

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

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

PAYROLL TAX

Full Name (Last, First, Middle Initial)
C. Verizon

Transaction ID: 1010200436E3310
Date of Disbursement

08 / 09 / 2004

Mailing Address PO Box 4833

Amount of Each Disbursement This Period

103.39

City State Zip Code
Trenton NJ 08650

Purpose of Disbursement
TELECOMMUNICATIONS SERVICES

Category/
Type

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

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

TELECOMMUNICATIONS SERVICES

SUBTOTAL of Disbursements This Page (optional) ▶

518.09

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 25 / 31
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Lautenberg for Senate, Inc.

Full Name (Last, First, Middle Initial) A. Verizon		Transaction ID: 1010200436E3323	
Mailing Address PO Box 4833		Date of Disbursement 08 / 23 / 2004	
City Trenton	State NJ	Zip Code 08650-	Amount of Each Disbursement this Period 45.88
Purpose of Disbursement TELECOMMUNICATIONS SERVICES		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		TELECOMMUNICATIONS SERVICES
State: District:			

Full Name (Last, First, Middle Initial) B. Tim Yehl		Transaction ID: 1010200436E3315	
Mailing Address PO Box 200596		Date of Disbursement 08 / 16 / 2004	
City Newark	State NJ	Zip Code 07102-	Amount of Each Disbursement this Period 391.35
Purpose of Disbursement TRAVEL EXPENSES		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		TRAVEL EXPENSES
State: District:			

SUBTOTAL of Disbursements This Page (optional)	437.03
TOTAL This Period (last page this line number only)	23138.08

**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 26 / 31

17
20a 18
20b 19a
20c 19b
21

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NAME OF COMMITTEE (In Full)

Lautenberg for Senate, Inc.

Full Name (Last, First, Middle Initial)

A. Betty Castor for Senate

Mailing Address PO Box 18045

City Tampa State FL Zip Code 33679

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼
General 2004

Transaction ID: 1010200436E3332

Date of Disbursement

09 / 25 / 2004

Amount of Each Disbursement this Period

1000.00

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

Full Name (Last, First, Middle Initial)

B. Democratic National Committee

Mailing Address 430 South Capitol Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼
2004

Transaction ID: 0711200424E3285

Date of Disbursement

07 / 01 / 2004

Amount of Each Disbursement this Period

15000.00

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

Full Name (Last, First, Middle Initial)

C. Monmouth County Democratic Organization

Mailing Address 22 Throckmorton Street

City Englishtown State NJ Zip Code 07726

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼
Non-Federal

Transaction ID: 1010200436E3334

Date of Disbursement

09 / 25 / 2004

Amount of Each Disbursement this Period

2000.00

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

SUBTOTAL of Disbursements This Page (optional)

18000.00

TOTAL This Period (last page this line number only)

18000.00

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 27 / 31
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input checked="" type="checkbox"/> 13b

NAME OF COMMITTEE (in Full)
Lautenberg for Senate, Inc. Transaction ID: LS1024200221C612

LOAN SOURCE Full Name (Last, First, Middle Initial) Frank R. Lautenberg	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> General 2002
Mailing Address 201 West Passaic Street	
City Rochelle Park State NJ ZIP Code 07862-	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
500000.00	100000.00	400000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM DD YYYY 10 10 2002	MM DD YYYY MA ND ONDE	.0000 % (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....	400000.00
TOTALS This Period (last page in this line only).....	<input type="text"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (in Full)

Lautenberg for Senate, Inc.

Transaction ID: LS10242002210610

LOAN SOURCE Full Name (Last, First, Middle Initial)

Frank R. Lautenberg

Election:

Primary

General

Other (specify) ▼

General 2002

Mailing Address 201 West Passaic Street

City Rochelle Park

State NJ

ZIP Code 07662

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

MM 10

DD 08

YYYY 2002

Date Due

MM NA

DD ND

YYYY ONDE

Interest Rate

.0000 % (apr)

Secured:

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....

10000.00

TOTALS This Period (last page in this line only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one) 13a
 13b

NAME OF COMMITTEE (in Full)

Lautenberg for Senate, Inc.

Transaction ID: LS1024200221C611

LOAN SOURCE Full Name (Last, First, Middle Initial)

Frank R. Lautenberg

Election:

Primary

General

Other (specify) ▼

General 2002

Mailing Address 201 West Passaic Street

City Rochelle Park

State NJ

ZIP Code 07662

Original Amount of Loan

500000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

MM / DD / YYYY
10 / 09 / 2002

MM / DD / YYYY
09 / 01 / 2002

MM / DD / YYYY
09 / 01 / 2002

MM / DD / YYYY
MA / 01 / 2002

MM / DD / YYYY
ND / 01 / 2002

MM / DD / YYYY
CN / DE / 2002

.0000 % (apr)

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional).....

500000.00

TOTALS This Period (last page in this line only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 30 / 31
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input checked="" type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Lautenberg for Senate, Inc. Transaction ID: LS1024200221C613

LOAN SOURCE Full Name (Last, First, Middle Initial) Frank R. Lautenberg Mailing Address 201 West Passaic Street City Rochelle Park State NJ ZIP Code 07862-	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General 2002
--	--

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
360047.47	0.00	360047.47

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM/DD/YYYY 10/17/2002	MM/DD/YYYY MM/AA/ND/ONDE	.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	360047.47
TOTALS This Period (last page in this line only)	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (in Full)

Lautenberg for Senate, Inc.

Transaction ID: LS102420D221C614

LOAN SOURCE Full Name (Last, First, Middle Initial)

Sanford C. Bernstein & Co., LLC

Election:

Primary

General

Other (specify)

General 2002

Mailing Address One North Lexington Avenue

City White Plains

State NY

ZIP Code

10601-

Original Amount of Loan

139952.53

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

139952.53

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

MM 10

DD 17

YY 2002

MM MA

DD ND

YY 02

.0000 % (apr)

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Frank R. Lautenberg

Name of Employer

Information Requested

Mailing Address

201 West Passaic Street

Occupation

Information Requested

Amount

Guaranteed

0.00

Outstanding:

City

Rochelle Park

State NJ

ZIP Code

07662-

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

ZIP Code

Name of Employer

Occupation

Amount

Guaranteed

Outstanding:

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

ZIP Code

Name of Employer

Occupation

Amount

Guaranteed

Outstanding:

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

ZIP Code

Name of Employer

Occupation

Amount

Guaranteed

Outstanding:

SUBTOTALS This Period This Page (optional).....

139952.53

TOTALS This Period (last page in this line only).....

141000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

24020823612

PRIORITY MAIL

U.S. STATE POSTAL SERVICE

TO USE:

1. COMPLETE ADDRESS LABEL AREA

Type or print required return address and addressee information in customer block (white area) or on label (if provided).

2. PAYMENT METHOD

Affix postage or meter strip to area indicated in upper right hand corner.

3. ATTACH LABEL!

Remove label back over customer side (white area).

DELIVERY CONFIRMATION™

United States Postal Service®

TO

Lautenberg for Senate, Inc.
One Gateway Center,
23rd Floor
Newark, NJ 07102



0304 1560 0000 2828 0530

United States Senate
Office of Public Records
PO Box 5109
Alexandria, VA 22301-0109

311



8287

22301

\$4.30

U.S. POSTAGE
PAID
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PUBLIC RECORDS
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AMOUNT \$4
00017580-08

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EMILY J. REYNOLDS
SECRETARY

PAMELA E. GAVIN
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7118
PHONE: (202) 224-0932

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

 HAND DELIVERED
Date of Receipt

 REGISTERED/CERTIFIED MAIL
Postmarked

 RECEIVED FROM THE FEDERAL ELECTION
 COMMISSION
Date of Receipt

DELIVERY CONFIRMATION/ON LINE TRACKING SYSTEM
PRIORITY MAIL /WITH CONFIRMATION SHEET
 EXPRESS MAIL
 FEDERAL EXPRESS
 UPS
 DHL
 AIRBORNE EXPRESS 10-15-04
Postmark

 PRIORITY MAIL (NO CONFIRMATION)
Date of Receipt

 FIRST CLASS MAIL
Date of Receipt

 FAX
Date of Receipt

 NO POSTMARK POSTMARK ILLEGIBLE

 OTHER
Date of Receipt

 R.D. 10-19-04
Preparer Date Prepared

