

# 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  
Kate Whitman for Congress

ADDRESS (number and street) PO Box 521  
 Check if different than previously reported. (ACC)  
Springfield NJ 07081

2. **FEC IDENTIFICATION NUMBER** C00442269  
**CITY** **STATE** **ZIP CODE**  
STATE DISTRICT NJ 07  
3. **IS THIS REPORT**  **NEW (N)** **OR**  **AMENDED (A)**

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 05 15 2008 through 06 30 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Gail Rosen  
Signature of Treasurer Electronically Filed by Gail Rosen Date 07 15 2008

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Kate Whitman for Congress

Report Covering the Period:

From: 

M	M
0	5

D	D
1	5

Y	Y	Y	Y
2	0	0	8

To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	47789.00	594778.23
(b) Total Contribution Refunds (from Line 20(d)).....	73700.00	73950.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-25911.00	520828.23
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	184125.16	524804.58
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	5.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	184125.16	524799.58
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1548.65	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	6200.00	

**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  
Kate Whitman for Congress

Report Covering the Period: From: 

M	M
0	5

D	D
1	5

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

**I. RECEIPTS**

**COLUMN A**  
Total This Period

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

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than  
Political Committees

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

39386.00

521181.23

(ii) Unitemized.....

4653.00

39497.00

(iii) TOTAL of contributions

44039.00

560678.23

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

3750.00

29500.00

(d) The Candidate.....

0.00

4600.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

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

47789.00

594778.23

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

0.00

0.00

13. LOANS

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

6200.00

6200.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

6200.00

6200.00

14. OFFSETS TO OPERATING  
EXPENDITURES

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

0.00

5.00

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)..... ▶

53989.00

600983.23

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	184125.16	524804.58
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.....	73700.00	73950.00
(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)).....	73700.00	73950.00
21. OTHER DISBURSEMENTS.....	0.00	680.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	257825.16	599434.58

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	205384.81
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	53989.00
25. SUBTOTAL (add Line 23 and Line 24).....	259373.81
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	257825.16
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1548.65

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 58
	<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)  
Kate Whitman for Congress

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

Mailing Address PO Box 597

City State Zip Code  
Far Hills NJ 07931

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

Name of Employer Retired Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

**Transaction ID:** 80616.C1152

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)  
Jeffrey Armstrong

Mailing Address 173 East 74th Street, 4C

City State Zip Code  
New York NY 10021

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

Name of Employer Greywolf Capital Occupation Investor

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

**Transaction ID:** 80616.C1196

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)  
Judith Ayres Burke

Mailing Address 38600 Stonewall Farm Lane

City State Zip Code  
Middleburg VA 20117

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

Name of Employer Self-Employed Occupation Consultant

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 2 2 / 2 0 0 8

**Transaction ID:** 80616.C1175

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) ..... ► **1250.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 58  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Kate Whitman for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Ronnie Bevan</p> <p>Mailing Address 1333 Tilton Road</p> <p>City State Zip Code Bridgewater NJ 08807</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Self-Employed Occupation Speech Therapist</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">2300.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 6 / 0 3 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> 80616.C1188</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">800.00</span></p> <p>Receipt  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Susie Boyce</p> <p>Mailing Address 5 Springdale Lane</p> <p>City State Zip Code Warren NJ 07059</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Self Occupation Genealogist</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">750.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 5 / 2 7 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> 80530.C1113</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p>Receipt  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Turnkey Productions, LLC</p> <p>Mailing Address 370 Tall Tree Court</p> <p>City State Zip Code Jackson NJ 08527</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 6 / 0 3 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> 80616.C1167</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p> <p>Receipt  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">2050.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 58  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Kate Whitman for Congress

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

Mailing Address PO Box 122

City State Zip Code  
Cedar Grove NJ 07009

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Turnkey Productions, LLC Partner

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

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

**Transaction ID:** 80616.C1168

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->Turnkey Productions, LLC

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

Mailing Address 6 Tahiti Beach Island Road

City State Zip Code  
Coral Gables FL 33143

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Retired Retired

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

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

**Transaction ID:** 80616.C1151

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)  
Christopher Corrinet

Mailing Address 25 Overland Road

City State Zip Code  
Greenfield MA 01301

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Requested Requested

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 300.00

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

**Transaction ID:** 80616.C1137

Amount of Each Receipt this Period  
300.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 1300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 58
	<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)  
Kate Whitman for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) William Danforth	Date of Receipt MM / DD / YYYY 05 / 27 / 2008
	Mailing Address 10 Glenview Road	<b>Transaction ID:</b> 80528.C1097
	City State Zip Code St. Louis MO 63124	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 Washington University/St. Louis	Occupation Chancellor	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Guy De Chazal	Date of Receipt MM / DD / YYYY 05 / 27 / 2008
	Mailing Address 68 Wheatlet Road	<b>Transaction ID:</b> 80530.C1112
	City State Zip Code Bookville NY 11545	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 Self-Employed	Occupation Investor	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Kayanna Dewey	Date of Receipt MM / DD / YYYY 05 / 31 / 2008
	Mailing Address 3437 North Mooring Way	<b>Transaction ID:</b> 80531.C1132
	City State Zip Code Coconut Grove FL 33133	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 Homemaker	Occupation Homemaker	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 58
	<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)  
Kate Whitman for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Kenneth Duberstein	Date of Receipt MM / DD / YYYY 05 / 27 / 2008
	Mailing Address 2100 Pennsylvania Avenue, NW	<b>Transaction ID:</b> 80527.C1095
	City State Zip Code Washington DC 20037	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 The Duberstein Group Chairman	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Carlton Chapin Durling	Date of Receipt MM / DD / YYYY 05 / 30 / 2008
	Mailing Address 6 Mosle Road	<b>Transaction ID:</b> 80616.C1184
	City State Zip Code Gladstone NJ 07934	Amount of Each Receipt this Period 100.00
	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 Guy Carpenter & Co., LLC Reinsurance Intermediary	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 470.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Louis Farrelly	Date of Receipt MM / DD / YYYY 06 / 03 / 2008
	Mailing Address PO Box 249	<b>Transaction ID:</b> 80616.C1142
	City State Zip Code Mendham NJ 07945	Amount of Each Receipt this Period 250.00
	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 Self-Employed Real Estate	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1350.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 58
	<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)  
Kate Whitman for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Brian Fernandez		Date of Receipt
	Mailing Address 11 Red Oak Row		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 2 8 / 2 0 0 8
	City	State	Zip Code
	Chester	NJ	07930
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 80616.C1178
Name of Employer Citi Smith Barney		Occupation Financial Services	Amount of Each Receipt this Period 250.00
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) Howard Fienberg		Date of Receipt
	Mailing Address 2776 Grovemore Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 2 9 / 2 0 0 8
	City	State	Zip Code
	Vienna	VA	22180
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 80616.C1179
Name of Employer CMOR		Occupation Government Affairs	Amount of Each Receipt this Period 250.00
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) Christopher Forster		Date of Receipt
	Mailing Address 1105 Park Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 6 / 3 0 / 2 0 0 8
	City	State	Zip Code
	New York	NY	10128
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 80709.C1201
Name of Employer Retired		Occupation Retired	Amount of Each Receipt this Period 150.00
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>650.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 58

(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)  
Kate Whitman for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Jessica Furey

Mailing Address 4445 Yuma Street, NW

City State Zip Code  
Washington DC 20016

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

Name of Employer  
Whitman Strategy Group

Occupation  
Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 0 / 2 0 0 8

Transaction ID: 80616.C1180

Amount of Each Receipt this Period

250.00

Receipt

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

**B.**

Full Name (Last, First, Middle Initial)  
Katherine Gale

Mailing Address Red Gate Road  
PO Box 784

City State Zip Code  
New Vernon NJ 07976

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

Name of Employer  
Student

Occupation  
Student

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 0 8

Transaction ID: 80616.C1165

Amount of Each Receipt this Period

2300.00

Receipt

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

**C.**

Full Name (Last, First, Middle Initial)  
Stanley Gale, Jr.

Mailing Address PO Box 784  
Red Gate Road

City State Zip Code  
New Vernon NJ 07976

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

Name of Employer  
Student

Occupation  
Student

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: 80709.C1200

Amount of Each Receipt this Period

2300.00

Receipt

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

NOTE:DEBT REDUCTION

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

4850.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 58
	<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)  
Kate Whitman for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Cheryl Halpern	Date of Receipt MM / DD / YYYY 05 / 22 / 2008
	Mailing Address 42 Rockledge Drive	<b>Transaction ID:</b> 80522.C1092
	City State Zip Code Livingston NJ 07039	Amount of Each Receipt this Period 1300.00
	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 Self-Employed Occupation Investor	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Carey Kane	Date of Receipt MM / DD / YYYY 06 / 03 / 2008
	Mailing Address 51 Pickle Brook Road	<b>Transaction ID:</b> 80616.C1154
	City State Zip Code Bernardsville NJ 07924	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 Self-Employed Occupation Educator	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1600.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Jane Kenny	Date of Receipt MM / DD / YYYY 05 / 30 / 2008
	Mailing Address 235 Grant Avenue	<b>Transaction ID:</b> 80530.C1130
	City State Zip Code Highland Park NJ 08904	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 Whitman Strategy Group Occupation Consultant	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2800.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d (check only one) <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	PAGE 13 / 58
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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)  
Kate Whitman for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Carol Kimmelman	Date of Receipt MM / DD / YYYY 05 / 22 / 2008
	Mailing Address 130 Overleigh Road	<b>Transaction ID:</b> 80522.C1090
	City State Zip Code Bernardsville NJ 07924	Amount of Each Receipt this Period 2300.00
	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 Homemaker Homemaker Receipt For: 2008 Election Cycle-to-Date <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 4600.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Douglas Kimmelman	Date of Receipt MM / DD / YYYY 05 / 22 / 2008
	Mailing Address 130 Overleigh Road	<b>Transaction ID:</b> 80522.C1089
	City State Zip Code Bernardsville NJ 07924	Amount of Each Receipt this Period 2300.00
	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 Energy Capital Partners Fund Manager Receipt For: 2008 Election Cycle-to-Date <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 4600.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Jason Koye	Date of Receipt MM / DD / YYYY 05 / 27 / 2008
	Mailing Address 3019 Nottingham Way	<b>Transaction ID:</b> 80528.C1100
	City State Zip Code Hamilton NJ 08619	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 Occupation IDT Corp. Executive Receipt For: 2008 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4800.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 58  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Kate Whitman for Congress

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

Mailing Address 2441 Swanson Avenue

City State Zip Code  
Coconut Grove FL 33133

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

Name of Employer Requested Occupation Requested

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 2 7 / 2 0 0 8

**Transaction ID:** 80528.C1098

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)  
Sean Lamb

Mailing Address 290 Pleasant Valley Road

City State Zip Code  
Mendham NJ 07945

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

Name of Employer Self-Employed Occupation Trader

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1261.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 1 9 / 2 0 0 8

**Transaction ID:** 80616.C1170

Amount of Each Receipt this Period  
136.00

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

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

Mailing Address 400 East 71 Street, Apt. 12C

City State Zip Code  
New York NY 10021

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

Name of Employer Requested Occupation Requested

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

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

**Transaction ID:** 80616.C1138

Amount of Each Receipt this Period  
150.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **786.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 58

(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)  
Kate Whitman for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Joseph Martyak

Mailing Address 6123 Wynnwood Road

City State Zip Code  
Bethesda MD 20816

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

Name of Employer Occupation  
The Implementation Group Senior Counsel

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 550.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: 80528.C1110

Amount of Each Receipt this Period

250.00

Receipt

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

**B.**

Full Name (Last, First, Middle Initial)  
Eileen McGinnis

Mailing Address 32 Harbourton-Woodsville Road

City State Zip Code  
Pennington NJ 08534

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

Name of Employer Occupation  
Whitman Strategy Group Consultant

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

Date of Receipt

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

Transaction ID: 80616.C1199

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)  
Linda McMahon

Mailing Address 14 Hurlington Drive

City State Zip Code  
Greenwich CT 06831

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

Name of Employer Occupation  
WWE CEO

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 9 / 2 0 0 8

Transaction ID: 80519.C1087

Amount of Each Receipt this Period

1300.00

Receipt

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

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

1800.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 58  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Kate Whitman for Congress

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

Mailing Address 213 Winchester Court

City State Zip Code  
Voorhees NJ 08043

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

Name of Employer Occupation  
Cushman & Wakefield Manager

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

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2008

Transaction ID: 80520.C1088

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)  
Paul Michaels

Mailing Address 892 Old Chester Road

City State Zip Code  
Far Hills NJ 07931

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

Name of Employer Occupation  
Requested Requested

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

Date of Receipt  
MM / DD / YYYY  
05 / 22 / 2008

Transaction ID: 80522.C1091

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)  
Kathryn Mosca

Mailing Address 30 Smoke Rise Lane

City State Zip Code  
Bedminster NJ 07921

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

Name of Employer Occupation  
Bedminster Twp. School Teacher

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

Date of Receipt  
MM / DD / YYYY  
06 / 03 / 2008

Transaction ID: 80616.C1191

Amount of Each Receipt this Period  
800.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3800.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d (check only one) <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	PAGE 17 / 58
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NAME OF COMMITTEE (In Full)  
Kate Whitman for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Frederick Mueller		Date of Receipt MM / DD / YYYY 05 / 27 / 2008
	Mailing Address 12 Oaks Farm PO Box 10		<b>Transaction ID:</b> 80528.C1099
	City Far Hills	State NJ	Zip Code 07931
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Mueller Bros. Inc	Occupation Florist	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1100.00
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<b>B.</b>	Full Name (Last, First, Middle Initial) Susan Mulvaney		Date of Receipt MM / DD / YYYY 06 / 02 / 2008
	Mailing Address 5006 11th St N		<b>Transaction ID:</b> 80616.C1195
	City Arlington	State VA	Zip Code 22205-2521
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer The Whitman Strategy Group	Occupation Consultant	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00
---	------------------------------------

<b>C.</b>	Full Name (Last, First, Middle Initial) Edward Newberry		Date of Receipt MM / DD / YYYY 05 / 27 / 2008
	Mailing Address 8214 Hunting Hill Lane		<b>Transaction ID:</b> 80527.C1096
	City McLean	State VA	Zip Code 22102
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer Patton Boggs	Occupation Attorney	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 18 / 58</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Kate Whitman for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Phyllis Nicholas	Date of Receipt MM / DD / YYYY 06 / 03 / 2008
	Mailing Address 40 Howard Road	<b>Transaction ID:</b> 80616.C1158
	City State Zip Code Greenwich CT 06830	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Retired Occupation Retired Receipt For: 2008 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) James Norton	Date of Receipt MM / DD / YYYY 05 / 31 / 2008
	Mailing Address 1000 New Jersey Avenue SE Apt. 911	<b>Transaction ID:</b> 80616.C1193
	City State Zip Code Washington DC 20003	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer General Dynamics Occupation Director Receipt For: 2008 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2136.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) D. Madeline OConnor	Date of Receipt MM / DD / YYYY 06 / 03 / 2008
	Mailing Address 11 Essex Road	<b>Transaction ID:</b> 80616.C1187
	City State Zip Code Summit NJ 07901	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Retired Occupation Retired Receipt For: 2008 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00	

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 58  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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

NAME OF COMMITTEE (In Full)  
Kate Whitman for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Rodman Patton</p> <p>Mailing Address 10 South Marina Drive</p> <p>City State Zip Code Key Largo FL 33037</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Retired      Occupation Retired</p> <p>Receipt For: 2008  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">05 / 22 / 2008</span></p> <p><b>Transaction ID:</b> 80522.C1093</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p> <p>Receipt  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Leslie Quick, III</p> <p>Mailing Address 11 Chapin Road</p> <p>City State Zip Code Bernardsville NJ 07924</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Massey, Quick &amp; Co., LLC      Occupation Partner</p> <p>Receipt For: 2008  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">4000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">05 / 31 / 2008</span></p> <p><b>Transaction ID:</b> 80531.C1131</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p> <p>Receipt  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Nancy Rohrbach</p> <p>Mailing Address 24 Dockside Lane, No. 396</p> <p>City State Zip Code Key Largo FL 33037</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Retired      Occupation Retired</p> <p>Receipt For: 2008  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">2000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 02 / 2008</span></p> <p><b>Transaction ID:</b> 80616.C1198</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p> <p>Receipt  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">3000.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 58  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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

NAME OF COMMITTEE (In Full)  
Kate Whitman for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) E. Leroy Swindell</p> <p>Mailing Address Tower Hill Road PO Box 36</p> <p>City State Zip Code Millbrook NY 12545</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Retired      Occupation Retired</p> <p>Receipt For: 2008  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">2300.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 03 / 2008</span></p> <p><b>Transaction ID:</b> 80616.C1135</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">800.00</span></p> <p>Receipt  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Kristen Tegenborg</p> <p>Mailing Address 1 Independence Court, Apt. PH14</p> <p>City State Zip Code Hoboken NJ 07030</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Requested      Occupation Requested</p> <p>Receipt For: 2008  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">225.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 03 / 2008</span></p> <p><b>Transaction ID:</b> 80616.C1139</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">100.00</span></p> <p>Receipt  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Grace Terry</p> <p>Mailing Address PO Box 147</p> <p>City State Zip Code Peapack NJ 07977-0147</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Retired      Occupation Retired</p> <p>Receipt For: 2008  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">1100.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">05 / 29 / 2008</span></p> <p><b>Transaction ID:</b> 80530.C1129</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p> <p>Receipt  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1900.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 58  
(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)  
Kate Whitman for Congress

**A.**

Full Name (Last, First, Middle Initial) Jodi Tosini		Date of Receipt MM / DD / YYYY 06 / 03 / 2008
Mailing Address 340 West 57th Street, Apt. 3A		<b>Transaction ID:</b> 80616.C1153
City New York	State NY	Zip Code 10019
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer York Prep School	Occupation Teacher	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

**B.**

Full Name (Last, First, Middle Initial) George Unhoch, Jr.		Date of Receipt MM / DD / YYYY 06 / 03 / 2008
Mailing Address PO Box 7072		<b>Transaction ID:</b> 80616.C1155
City New Bedford	State MA	Zip Code 02742
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer New Bedford Thread Co.	Occupation Sales	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

**C.**

Full Name (Last, First, Middle Initial) Marilyn Ware		Date of Receipt MM / DD / YYYY 05 / 31 / 2008
Mailing Address 1258 Lancaster Avenue		<b>Transaction ID:</b> 80531.C1133
City Lancaster	State PA	Zip Code 17579
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00
Name of Employer American Water Works	Occupation Chairwoman	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 22 / 58  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

NAME OF COMMITTEE (In Full)  
Kate Whitman for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Sandra Zarillo

Mailing Address 18 Cobblestone Lane

City State Zip Code  
Long Valley NJ 07853

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

Name of Employer Lenape Valley HS Occupation Teacher

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt  
MM / DD / YYYY  
06 / 03 / 2008

**Transaction ID:** 80616.C1189

Amount of Each Receipt this Period  
800.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Anthony Zarillo, Jr.

Mailing Address 18 Cobblestone Lane

City State Zip Code  
Long Valley NJ 07853

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

Name of Employer Bevan, Mosca, Giuditta Zarillo Occupation Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt  
MM / DD / YYYY  
06 / 03 / 2008

**Transaction ID:** 80616.C1190

Amount of Each Receipt this Period  
800.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	39386.00

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 58  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

NAME OF COMMITTEE (In Full)  
Kate Whitman for Congress

**A.** Full Name (Last, First, Middle Initial)  
Dirigo PAC  
Mailing Address PO Box 1355  
City Alexandria State VA Zip Code 22313  
FEC ID number of contributing federal political committee. **C** C00391797  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00  
Date of Receipt MM / DD / YYYY  
05 / 27 / 2008  
**Transaction ID:** 80527.C1094  
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)  
Republican Majority for Choice  
Mailing Address 2417 Jericho Turnpike  
City Garden City Park State NY Zip Code 11040  
FEC ID number of contributing federal political committee. **C** C00346635  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 3750.00  
Date of Receipt MM / DD / YYYY  
06 / 03 / 2008  
**Transaction ID:** 80616.C1192  
Amount of Each Receipt this Period 1250.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Women Under Forty PAC  
Mailing Address PO Box 18394  
City Washington State DC Zip Code 20036  
FEC ID number of contributing federal political committee. **C** C00345942  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00  
Date of Receipt MM / DD / YYYY  
06 / 03 / 2008  
**Transaction ID:** 80616.C1136  
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) ..... 3750.00  
**TOTAL** This Period (last page this line number only) ..... 3750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 / 58
	(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 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)  
Kate Whitman for Congress

**A.**

Full Name (Last, First, Middle Initial) Kate Whitman		Date of Receipt
Mailing Address Personal Funds PO Box 241		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
City Peapack	State NJ	Zip Code 07977-
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID: 80714.C1206
Name of Employer Whitman Consulting	Occupation Owner	Amount of Each Receipt this Period <input type="text" value="6200.00"/>
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <input type="text" value="8500.00"/>	Loans Made/Guaranteed by Cand. <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="6200.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="6200.00"/>



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 58	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Kate Whitman for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Gail Rosen CPA PC		Date of Receipt MM / DD / YYYY 06 / 02 / 2008
	Mailing Address 2032 Washington Valley Road		Transaction ID: 80602.C1134
	City Martinsville	State NJ	Zip Code 08836-
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
	Name of Employer	Occupation	Exempt Legal/Accounting Serv. <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <b>[MEMO ITEM]</b> Exempt Accounting Services
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 0.00		

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Kate Whitman for Congress

A.	Full Name (Last, First, Middle Initial) CampaignContribution.com	Transaction ID: 80602.E199 Date of Disbursement 05 / 16 / 2008
	Mailing Address c/o Aristotle, Inc. 205 Pennsylvania Avenue, SE	Amount of Each Disbursement this Period 26.50
	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 Service Charge 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) ▼
		SERVICE CHARGE

B.	Full Name (Last, First, Middle Initial) CampaignContribution.com	Transaction ID: 80616.E233 Date of Disbursement 06 / 03 / 2008
	Mailing Address c/o Aristotle, Inc. 205 Pennsylvania Avenue, SE	Amount of Each Disbursement this Period 172.90
	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 Service charge 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) ▼
		SERVICE CHARGE

C.	Full Name (Last, First, Middle Initial) CampaignContribution.com	Transaction ID: 80609.E227 Date of Disbursement 06 / 09 / 2008
	Mailing Address c/o Aristotle, Inc. 205 Pennsylvania Avenue, SE	Amount of Each Disbursement this Period 394.27
	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 Service charge 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) ▼
		SERVICE CHARGE

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>593.67</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Kate Whitman for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Anthony Attanasio

Mailing Address 8 Bates Way

City Westfield State NJ Zip Code 07090-

Purpose of Disbursement  
REIMBURSEMENT:SEE BELOW

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 80602.E190  
Date of Disbursement

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

Amount of Each Disbursement this Period

432.15
--------

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

REIMBURSEMENT:SEE BELOW

**B.**

Full Name (Last, First, Middle Initial)  
Bernardsville Print Center

Mailing Address 19-21 Mine Brook Road

City Bernardsville State NJ Zip Code 07924-

Purpose of Disbursement  
Printing & Copying

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 80603.E215  
Date of Disbursement

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

Amount of Each Disbursement this Period

185.65
--------

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

[MEMO ITEM]

MEMO: PRINTING & COPYING

**C.**

Full Name (Last, First, Middle Initial)  
Peapack Post Office

Mailing Address 155 Main Street

City Peapack State NJ Zip Code 07977-

Purpose of Disbursement  
Postage

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 80603.E219  
Date of Disbursement

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

Amount of Each Disbursement this Period

139.40
--------

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

[MEMO ITEM]

MEMO: POSTAGE

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

432.15

**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)  
Kate Whitman for Congress

A.	Full Name (Last, First, Middle Initial) Anthony Attanasio	Transaction ID: 80603.E202 Date of Disbursement 06 / 03 / 2008
	Mailing Address 8 Bates Way	Amount of Each Disbursement this Period 91.69
	City Westfield State NJ Zip Code 07090-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement REIMBURSEMENT:SEE BELOW 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) ▼
		REIMBURSEMENT:SEE BELOW

B.	Full Name (Last, First, Middle Initial) Bernardsville Print Center	Transaction ID: 80602.E195 Date of Disbursement 05 / 29 / 2008
	Mailing Address 19-21 Mine Brook Road	Amount of Each Disbursement this Period 218.65
	City Bernardsville State NJ Zip Code 07924-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Printing Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PRINTING

C.	Full Name (Last, First, Middle Initial) Bernardsville Print Center	Transaction ID: 80702.E276 Date of Disbursement 06 / 30 / 2008
	Mailing Address 19-21 Mine Brook Road	Amount of Each Disbursement this Period 221.55
	City Bernardsville State NJ Zip Code 07924-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Printing & Copying 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) ▼
		PRINTING & COPYING

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>531.89</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Kate Whitman for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Campbell Holste</p> <p>Mailing Address 140 Littleton Road</p> <p>City Parsippany State NJ Zip Code 07054-</p> <p>Purpose of Disbursement Advertising &amp; Campaign Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80602.E180 <b>Date of Disbursement</b> 05 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 17960.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>ADVERTISING &amp; CAMPAIGN CO-NSULTING</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Campbell Holste</p> <p>Mailing Address 140 Littleton Road</p> <p>City Parsippany State NJ Zip Code 07054-</p> <p>Purpose of Disbursement Campaign Consulting Advertising &amp;</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80602.E181 <b>Date of Disbursement</b> 05 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 32125.12</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>CAMPAIGN CONSULTING ADVERTISING &amp;</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Campbell Holste</p> <p>Mailing Address 140 Littleton Road</p> <p>City Parsippany State NJ Zip Code 07054-</p> <p>Purpose of Disbursement Promotion Advertising Mailing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80602.E194 <b>Date of Disbursement</b> 05 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 74845.18</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>PROMOTION ADVERTISING MAILING</b></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>124930.30</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Kate Whitman for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Campbell Holste</p> <p>Mailing Address 140 Littleton Road</p> <p>City Parsippany State NJ Zip Code 07054-</p> <p>Purpose of Disbursement Promotion</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80609.E221</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td>/</td><td>0</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">4321.66</td> </tr> </table> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>PROMOTION</b></p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	0	3	/	2	0	0	8	4321.66
M	M	/	D	D	/	Y	Y	Y	Y													
0	6	/	0	3	/	2	0	0	8													
4321.66																						
<p><b>B.</b> Full Name (Last, First, Middle Initial) Chris Corsini</p> <p>Mailing Address 21 Craft Farm Drive</p> <p>City Bridgewater State NJ Zip Code 08807-</p> <p>Purpose of Disbursement REIMBURSEMENT:SEE BELOW</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80602.E188</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td>/</td><td>2</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">215.28</td> </tr> </table> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>REIMBURSEMENT:SEE BELOW</b></p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	2	8	/	2	0	0	8	215.28
M	M	/	D	D	/	Y	Y	Y	Y													
0	5	/	2	8	/	2	0	0	8													
215.28																						
<p><b>C.</b> Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address Route 202@Somerville Circle</p> <p>City Raritan State NJ Zip Code 08869-</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80603.E204</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td>/</td><td>2</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">104.58</td> </tr> </table> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> <b>MEMO: OFFICE SUPPLIES</b></p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	2	8	/	2	0	0	8	104.58
M	M	/	D	D	/	Y	Y	Y	Y													
0	5	/	2	8	/	2	0	0	8													
104.58																						

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

<b>4536.94</b>
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**TOTAL** This Period (last page this line number only) ..... ▶

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**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)  
Kate Whitman for Congress

A.	Full Name (Last, First, Middle Initial) Chris Corsini	Transaction ID: 80602.E193 Date of Disbursement 05 / 28 / 2008
	Mailing Address 21 Craft Farm Drive	Amount of Each Disbursement this Period 76.98
	City Bridgewater State NJ Zip Code 08807-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement REIMBURSEMENT:SEE BELOW 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) ▼
		REIMBURSEMENT:SEE BELOW

B.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: 80603.E214 Date of Disbursement 05 / 28 / 2008
	Mailing Address Route 202@Somerville Circle	Amount of Each Disbursement this Period 76.98
	City Raritan State NJ Zip Code 08869-	<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
	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: OFFICE SUPPLIES

C.	Full Name (Last, First, Middle Initial) Chris Corsini	Transaction ID: 80616.E230 Date of Disbursement 06 / 10 / 2008
	Mailing Address 21 Craft Farm Drive	Amount of Each Disbursement this Period 396.04
	City Bridgewater State NJ Zip Code 08807-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement REIMBURSEMENT:SEE BELOW 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) ▼
		REIMBURSEMENT:SEE BELOW

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>473.02</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Kate Whitman for Congress

A.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: 80702.E286 Date of Disbursement 06 / 10 / 2008
	Mailing Address: Route 202@Somerville Circle	Amount of Each Disbursement this Period 261.04
	City: Raritan State: NJ Zip Code: 08869-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement: Office Supplies	<b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES
	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) ▼	

B.	Full Name (Last, First, Middle Initial) Catherine Dewey	Transaction ID: 80602.E192 Date of Disbursement 05 / 28 / 2008
	Mailing Address: PO Box 23	Amount of Each Disbursement this Period 403.19
	City: Oldwick State: NJ Zip Code: 08858-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement: REIMBURSEMENT:SEE BELOW	REIMBURSEMENT:SEE BELOW
	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) ▼	

C.	Full Name (Last, First, Middle Initial) Peapack Post Office	Transaction ID: 80603.E211 Date of Disbursement 05 / 28 / 2008
	Mailing Address: 155 Main Street	Amount of Each Disbursement this Period 80.15
	City: Peapack State: NJ Zip Code: 07977-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement: Postage	<b>[MEMO ITEM]</b> MEMO: POSTAGE
	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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>403.19</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Kate Whitman for Congress

A.	Full Name (Last, First, Middle Initial) Peapack Post Office			Transaction ID: 80515.E176 Date of Disbursement 05 / 14 / 2008	
	Mailing Address 155 Main Street			Amount of Each Disbursement this Period 26.00	
	City Peapack	State NJ	Zip Code 07977-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: POSTAGE	
	Purpose of Disbursement Postage		Category/ Type		
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:					

B.	Full Name (Last, First, Middle Initial) Staples			Transaction ID: 80603.E210 Date of Disbursement 05 / 28 / 2008	
	Mailing Address Route 202@Somerville Circle			Amount of Each Disbursement this Period 284.18	
	City Raritan	State NJ	Zip Code 08869-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES	
	Purpose of Disbursement Office Supplies		Category/ Type		
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:					

C.	Full Name (Last, First, Middle Initial) Staples			Transaction ID: 80508.E154 Date of Disbursement 05 / 14 / 2008	
	Mailing Address Route 202@Somerville Circle			Amount of Each Disbursement this Period 284.18	
	City Raritan	State NJ	Zip Code 08869-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: PRINTING & COPYING	
	Purpose of Disbursement Printing & Copying		Category/ Type		
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:					

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)  
Kate Whitman for Congress

A.	Full Name (Last, First, Middle Initial) Catherine Dewey	Transaction ID: 80616.E229 Date of Disbursement 06 / 10 / 2008
	Mailing Address PO Box 23	Amount of Each Disbursement this Period 2000.00
	City Oldwick State NJ Zip Code 08858-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Campaign Consulting 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) ▼
		CAMPAIGN CONSULTING

B.	Full Name (Last, First, Middle Initial) Gail Rosen CPA PC	Transaction ID: 80602.E198 Date of Disbursement 06 / 02 / 2008
	Mailing Address 2032 Washington Valley Road	Amount of Each Disbursement this Period 4000.33
	City Martinsville State NJ Zip Code 08836-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Accounting Services 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) ▼
		ACCOUNTING SERVICES

C.	Full Name (Last, First, Middle Initial) Gail Rosen CPA PC	Transaction ID: 80702.E280 Date of Disbursement 06 / 30 / 2008
	Mailing Address 2032 Washington Valley Road	Amount of Each Disbursement this Period 5000.00
	City Martinsville State NJ Zip Code 08836-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Accounting Services 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) ▼
		ACCOUNTING SERVICES

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	11000.33
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Kate Whitman for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Cafe Limestone Mailing Address 89 Main Street City Peapack State NJ Zip Code 07977- Purpose of Disbursement Event - catering 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: 80609.E224 Date of Disbursement 06 / 09 / 2008
	Amount of Each Disbursement this Period 1499.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EVENT - CATERING

<b>B.</b> Full Name (Last, First, Middle Initial) Lincoln Solutions, LLC Mailing Address 8 Bates Way City Westfield State NJ Zip Code 07090- Purpose of Disbursement Campaign Consulting 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: 80616.E228 Date of Disbursement 06 / 10 / 2008
	Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CAMPAIGN CONSULTING

<b>C.</b> Full Name (Last, First, Middle Initial) Lucas Richardson Graphic Design Mailing Address 325 Henry Street City Scotch Plains State NJ Zip Code 07016- Purpose of Disbursement Stationery 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: 80602.E197 Date of Disbursement 05 / 29 / 2008
	Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 STATIONERY

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2799.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Kate Whitman for Congress

A.	Full Name (Last, First, Middle Initial) Megan Moench	Transaction ID: 80602.E182 Date of Disbursement 05 / 20 / 2008
	Mailing Address 1000 Papen Road	Amount of Each Disbursement this Period 2000.00
	City Bridgewater State NJ Zip Code 08807-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Financial Consulting 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) ▼
		FINANCIAL CONSULTING

B.	Full Name (Last, First, Middle Initial) Megan Moench	Transaction ID: 80602.E189 Date of Disbursement 05 / 28 / 2008
	Mailing Address 1000 Papen Road	Amount of Each Disbursement this Period 60.45
	City Bridgewater State NJ Zip Code 08807-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement REIMBURSEMENT:SEE BELOW 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) ▼
		REIMBURSEMENT:SEE BELOW

C.	Full Name (Last, First, Middle Initial) Megan Moench	Transaction ID: 80602.E187 Date of Disbursement 05 / 28 / 2008
	Mailing Address 1000 Papen Road	Amount of Each Disbursement this Period 1107.00
	City Bridgewater State NJ Zip Code 08807-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement REIMBURSEMENT:SEE BELOW 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) ▼
		REIMBURSEMENT:SEE BELOW

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3167.45</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

<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)  
Kate Whitman for Congress

A.	Full Name (Last, First, Middle Initial) Basking Ridge Post Office	Transaction ID: 80603.E207 Date of Disbursement 05 / 28 / 2008
	Mailing Address 8 Church Street	Amount of Each Disbursement this Period 1107.00
	City Basking Ridge State NJ Zip Code 07920-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Postage Candidate Name	<b>[MEMO ITEM]</b> MEMO: POSTAGE
	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) Megan Moench	Transaction ID: 80603.E201 Date of Disbursement 06 / 03 / 2008
	Mailing Address 1000 Papen Road	Amount of Each Disbursement this Period 51.75
	City Bridgewater State NJ Zip Code 08807-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement REIMBURSEMENT:SEE BELOW Candidate Name	REIMBURSEMENT: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) ▼	

C.	Full Name (Last, First, Middle Initial) Peapack Post Office	Transaction ID: 80702.E283 Date of Disbursement 06 / 03 / 2008
	Mailing Address 155 Main Street	Amount of Each Disbursement this Period 0.00
	City Peapack State NJ Zip Code 07977-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Postage Candidate Name	<b>[MEMO ITEM]</b> MEMO: POSTAGE
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	51.75
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Kate Whitman for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Peapack Fine Wines  Mailing Address 159 Main Street  City Gladstone State NJ Zip Code 07934-  Purpose of Disbursement Event Meals 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: 80702.E274 Date of Disbursement 06 / 30 / 2008  Amount of Each Disbursement this Period 217.71  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>EVENT MEALS</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) Prestige Party Rental , Inc.  Mailing Address 241 North 10th Street  City Prospect Park State NJ Zip Code 07508-  Purpose of Disbursement Event 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: 80609.E223 Date of Disbursement 06 / 05 / 2008  Amount of Each Disbursement this Period 274.72  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>EVENT</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) Production 920, Inc.  Mailing Address 328 8th Avenue #147  City New York State NY Zip Code 10001-  Purpose of Disbursement Advertising & Promotion 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: 80702.E277 Date of Disbursement 06 / 30 / 2008  Amount of Each Disbursement this Period 8250.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>ADVERTISING &amp; PROMOTION</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>8742.43</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Kate Whitman for Congress

A.

Full Name (Last, First, Middle Initial)  
Ralph Rood Events

Mailing Address 139 West Springtown Road

City Long Valley State NJ Zip Code 07853-

Purpose of Disbursement  
Event

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80609.E222

Date of Disbursement

06 / 04 / 2008

Amount of Each Disbursement this Period

450.00

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

EVENT

B.

Full Name (Last, First, Middle Initial)  
SCM Associates Inc.

Mailing Address 1283 Main Street  
PO Box 254

City Dublin State NH Zip Code 03444-

Purpose of Disbursement  
List Rental

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80520.E178

Date of Disbursement

05 / 19 / 2008

Amount of Each Disbursement this Period

428.00

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

LIST RENTAL

C.

Full Name (Last, First, Middle Initial)  
SCM Associates Inc.

Mailing Address 1283 Main Street  
PO Box 254

City Dublin State NH Zip Code 03444-

Purpose of Disbursement  
Printing & Production & Postage

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80602.E183

Date of Disbursement

05 / 22 / 2008

Amount of Each Disbursement this Period

3452.89

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

PRINTING & PRODUCTION &  
POSTAGE

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

4330.89

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Kate Whitman for Congress

A.	Full Name (Last, First, Middle Initial) SCM Associates Inc.	Transaction ID: 80602.E184 Date of Disbursement 05 / 27 / 2008
	Mailing Address 1283 Main Street PO Box 254	Amount of Each Disbursement this Period 3400.00
	City Dublin State NH Zip Code 03444-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Printing Production & Postage	PRINTING PRODUCTION & POS- TAGE
	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) SCM Associates Inc.	Transaction ID: 80616.E231 Date of Disbursement 06 / 10 / 2008
	Mailing Address 1283 Main Street PO Box 254	Amount of Each Disbursement this Period 101.02
	City Dublin State NH Zip Code 03444-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Production	PRODUCTION
	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) Margaret Smalley	Transaction ID: 80602.E191 Date of Disbursement 05 / 28 / 2008
	Mailing Address 4530 Harford Creamory Road	Amount of Each Disbursement this Period 270.00
	City White Hall State MD Zip Code 21161-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement REIMBURSEMENT:SEE BELOW	REIMBURSEMENT: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) ▼	

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

3771.02

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
Kate Whitman for Congress

A.	Full Name (Last, First, Middle Initial) Basking Ridge Post Office	Transaction ID: 80603.E209 Date of Disbursement 05 / 28 / 2008
	Mailing Address 8 Church Street	Amount of Each Disbursement this Period 270.00
	City Basking Ridge State NJ Zip Code 07920- Purpose of Disbursement Postage Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: POSTAGE

B.	Full Name (Last, First, Middle Initial) Steve Spitzer	Transaction ID: 80602.E185 Date of Disbursement 05 / 28 / 2008
	Mailing Address 96 Blackburn Road	Amount of Each Disbursement this Period 783.00
	City Basking Ridge State NJ Zip Code 07920- Purpose of Disbursement REIMBURSEMENT:SEE BELOW Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	REIMBURSEMENT:SEE BELOW

C.	Full Name (Last, First, Middle Initial) Bernardsville Post Office	Transaction ID: 80603.E208 Date of Disbursement 05 / 28 / 2008
	Mailing Address 23 Quimby Lane	Amount of Each Disbursement this Period 783.00
	City Bernardsville State NJ Zip Code 07924- Purpose of Disbursement Postage Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: POSTAGE

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	783.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Kate Whitman for Congress

A.	Full Name (Last, First, Middle Initial) Steve Spitzer  Mailing Address 96 Blackburn Road  City Basking Ridge State NJ Zip Code 07920-  Purpose of Disbursement REIMBURSEMENT: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: 80603.E200 Date of Disbursement 06 / 03 / 2008  Amount of Each Disbursement this Period 945.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  REIMBURSEMENT:SEE BELOW
B.	Full Name (Last, First, Middle Initial) Bernardsville Post Office  Mailing Address 23 Quimby Lane  City Bernardsville State NJ Zip Code 07924-  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: 80702.E282 Date of Disbursement 06 / 03 / 2008  Amount of Each Disbursement this Period 675.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>[MEMO ITEM]</b> MEMO: POSTAGE
C.	Full Name (Last, First, Middle Initial) Peapack Post Office  Mailing Address 155 Main Street  City Peapack State NJ Zip Code 07977-  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: 80702.E281 Date of Disbursement 06 / 03 / 2008  Amount of Each Disbursement this Period 270.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>[MEMO ITEM]</b> MEMO: POSTAGE

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

945.00

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)  
Kate Whitman for Congress

A.	Full Name (Last, First, Middle Initial) Tewksbury Fine Wine & Spirits	Transaction ID: 80609.E220 Date of Disbursement 06 / 03 / 2008
	Mailing Address 1 Old Turnpike	Amount of Each Disbursement this Period 372.36
	City Oldwick State NJ Zip Code 08858-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Event 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) ▼
		EVENT

B.	Full Name (Last, First, Middle Initial) The Catalyst Group RW, LLC	Transaction ID: 80603.E203 Date of Disbursement 06 / 03 / 2008
	Mailing Address 1115 Massachusetts Avenue NW Lower Level	Amount of Each Disbursement this Period 1698.98
	City Washington State DC Zip Code 20005-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Campaign Consulting & Catering 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) ▼
		CAMPAIGN CONSULTING & CATERING

C.	Full Name (Last, First, Middle Initial) TurnKey Productions LLC	Transaction ID: 80602.E196 Date of Disbursement 05 / 29 / 2008
	Mailing Address 370 Tall Tree Court	Amount of Each Disbursement this Period 10519.46
	City Jackson State NJ Zip Code 08527-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fundraising Consulting & Stationary 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) ▼
		FUNDRAISING CONSULTING & STATIONARY

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	12590.80
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Kate Whitman for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) TurnKey Productions LLC</p> <p>Mailing Address 370 Tall Tree Court</p> <p>City Jackson State NJ Zip Code 08527-</p> <p>Purpose of Disbursement Fundraising Consulting &amp; Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80702.E278</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3642.22"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>FUNDRAISING CONSULTING &amp; SUPPLIES</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Wedu Inc.</p> <p>Mailing Address 20 Market Street</p> <p>City Manchester State NH Zip Code 03101-</p> <p>Purpose of Disbursement Website</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80616.E232</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2008"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.80"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>WEBSITE</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Wedu Inc.</p> <p>Mailing Address 20 Market Street</p> <p>City Manchester State NH Zip Code 03101-</p> <p>Purpose of Disbursement Website</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80702.E279</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="60.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>WEBSITE</b></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3803.02"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="183885.85"/>

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Kate Whitman for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Jack Brothers Associates, LLC  Mailing Address 520 US Highway 22 PO Box 6872  City Bridgewater State NJ Zip Code 08807-  Purpose of Disbursement Refund of Contribution NOTE:GENERAL ELEC Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 80619.E259 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 8	Amount of Each Disbursement this Period 2300.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Andrew Allen  Mailing Address 136 Mt. Harmony Road  City Bernardsville State NJ Zip Code 07924-  Purpose of Disbursement Refund of Contribution NOTE:GENERAL ELEC Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 80619.E239 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 8	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
<b>C.</b>	Full Name (Last, First, Middle Initial) Craig Annis  Mailing Address PO Box 241  City Peapack State NJ Zip Code 07977-  Purpose of Disbursement Refund of Contribution NOTE:GENERAL ELEC Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 80619.E243 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 8	Amount of Each Disbursement this Period 2300.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		<b>5100.00</b>	
<b>TOTAL</b> This Period (last page this line number only) .....			

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Kate Whitman for Congress

A.

Full Name (Last, First, Middle Initial)  
Murray Bevan

Mailing Address 1333 Tilton Road

City State Zip Code  
Bridgewater NJ 08807-

Purpose of Disbursement  
Refund of Contribution NOTE:GENERAL ELEC

Candidate Name

010  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80619.E242  
Date of Disbursement

06 / 16 / 2008

Amount of Each Disbursement this Period

2300.00

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

B.

Full Name (Last, First, Middle Initial)  
Kurt Conti

Mailing Address 160 Oakwood Drive

City State Zip Code  
Murray Hill NJ 07974-

Purpose of Disbursement  
Refund of Contribution NOTE:GENERAL ELEC

Candidate Name

010  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80619.E255  
Date of Disbursement

06 / 16 / 2008

Amount of Each Disbursement this Period

2300.00

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

C.

Full Name (Last, First, Middle Initial)  
Carmen Courter

Mailing Address 17 Mockingbird Lane

City State Zip Code  
Hackettstown NJ 07840-

Purpose of Disbursement  
Refund of Contribution NOTE:GENERAL ELEC

Candidate Name

010  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80619.E271  
Date of Disbursement

06 / 16 / 2008

Amount of Each Disbursement this Period

2300.00

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

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

6900.00

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

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NAME OF COMMITTEE (In Full)  
Kate Whitman for Congress

A.

Full Name (Last, First, Middle Initial)  
James Courter

Transaction ID: 80619.E269

Date of Disbursement

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

Mailing Address 17 Mockingbird Lane

Amount of Each Disbursement this Period

2300.00
---------

City Hackettstown State NJ Zip Code 07840-

Purpose of Disbursement Refund of Contribution NOTE:GENERAL ELEC

010  
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: 2008  Primary  General  Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Katrina Courter

Transaction ID: 80619.E238

Date of Disbursement

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

Mailing Address 17 Mockingbird Lane

Amount of Each Disbursement this Period

2300.00
---------

City Hackettstown State NJ Zip Code 07840-

Purpose of Disbursement Refund of Contribution NOTE:GENERAL ELEC

010  
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: 2008  Primary  General  Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Trammell Crow

Transaction ID: 80619.E263

Date of Disbursement

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

Mailing Address 4000 Rock Creek Drive

Amount of Each Disbursement this Period

2000.00
---------

City Dallas State TX Zip Code 75204-

Purpose of Disbursement Refund of Contribution NOTE:GENERAL ELEC

010  
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: 2008  Primary  General  Other (specify) ▼

State: District:

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

6600.00
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TOTAL This Period (last page this line number only) .....

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Kate Whitman for Congress

A.

Full Name (Last, First, Middle Initial)  
Christopher Dewey

Transaction ID: 80619.E245  
Date of Disbursement

Mailing Address Apple Lane Farm  
PO Box 23

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

City Oldwick State NJ Zip Code 08858-

Amount of Each Disbursement this Period

2300.00
---------

Purpose of Disbursement  
Refund of Contribution NOTE:GENERAL ELEC  
Candidate Name

010
Category/ Type

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

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: District:

B.

Full Name (Last, First, Middle Initial)  
Alfred Eckert, III

Transaction ID: 80619.E257  
Date of Disbursement

Mailing Address 134 Ballantine Road

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

City Bernardsville State NJ Zip Code 07924-

Amount of Each Disbursement this Period

2300.00
---------

Purpose of Disbursement  
Refund of Contribution NOTE:GENERAL ELEC  
Candidate Name

010
Category/ Type

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

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: District:

C.

Full Name (Last, First, Middle Initial)  
Judy Eisenberg

Transaction ID: 80619.E252  
Date of Disbursement

Mailing Address 126 East 56th Street, 25th Floor

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

City New York State NY Zip Code 10022-

Amount of Each Disbursement this Period

2300.00
---------

Purpose of Disbursement  
Refund of Contribution NOTE:GENERAL ELEC  
Candidate Name

010
Category/ Type

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

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: District:

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

6900.00
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TOTAL This Period (last page this line number only) .....

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# 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 49 / 58

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

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NAME OF COMMITTEE (In Full)  
Kate Whitman for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Lewis Eisenberg <hr/> Mailing Address 126 East 56th Street, 25th Floor <hr/> City New York State NY Zip Code 10022- <hr/> Purpose of Disbursement Refund of Contribution NOTE:GENERAL ELEC Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 80619.E265 Date of Disbursement 06 / 16 / 2008 <hr/> Amount of Each Disbursement this Period 2300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Stanley Gale <hr/> Mailing Address 4 Becker Farm Road <hr/> City Roseland State NJ Zip Code 07068- <hr/> Purpose of Disbursement Refund of Contribution NOTE:GENERAL ELEC Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 80619.E241 Date of Disbursement 06 / 16 / 2008 <hr/> Amount of Each Disbursement this Period 2300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Hazel Gluck <hr/> Mailing Address 1 Second Street <hr/> City Brick State NJ Zip Code 08724- <hr/> Purpose of Disbursement Refund of Contribution NOTE:GENERAL ELEC Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 80619.E240 Date of Disbursement 06 / 16 / 2008 <hr/> Amount of Each Disbursement this Period 2300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

**6900.00**

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

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NAME OF COMMITTEE (In Full)  
Kate Whitman for Congress

A.	Full Name (Last, First, Middle Initial) Betty Wold Johnson	Transaction ID: 80619.E260 Date of Disbursement 06 / 16 / 2008
	Mailing Address 108 Edgerstounr Road	Amount of Each Disbursement this Period 2300.00
	City Princeton State NJ Zip Code 08540-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution NOTE:GENERAL ELEC Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		010 Category/ Type

B.	Full Name (Last, First, Middle Initial) James Johnson	Transaction ID: 80619.E247 Date of Disbursement 06 / 16 / 2008
	Mailing Address PO Box 86	Amount of Each Disbursement this Period 700.00
	City Oldwick State NJ Zip Code 08858-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution NOTE:GENERAL ELEC Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		010 Category/ Type

C.	Full Name (Last, First, Middle Initial) Carol Kimmelman	Transaction ID: 80619.E250 Date of Disbursement 06 / 16 / 2008
	Mailing Address 130 Overleigh Road	Amount of Each Disbursement this Period 2300.00
	City Bernardsville State NJ Zip Code 07924-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution NOTE:GENERAL ELEC Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		010 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5300.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Kate Whitman for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Douglas Kimmelman  Mailing Address 130 Overleigh Road  City State Zip Code Bernardsville NJ 07924-  Purpose of Disbursement Refund of Contribution NOTE:GENERAL ELEC Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 80619.E249 <b>Date of Disbursement</b> 06 / 16 / 2008  Amount of Each Disbursement this Period 2300.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Randall Krakauer  Mailing Address 29 Lorrie Lane  City State Zip Code Princeton Junction NJ 08550-  Purpose of Disbursement Refund of Contribution NOTE:GENERAL ELEC Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 80619.E264 <b>Date of Disbursement</b> 06 / 16 / 2008  Amount of Each Disbursement this Period 2300.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Christopher Merton  Mailing Address PO Box 186  City State Zip Code Pottersville NJ 07979-  Purpose of Disbursement Refund of Contribution NOTE:GENERAL ELEC Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 80619.E237 <b>Date of Disbursement</b> 06 / 16 / 2008  Amount of Each Disbursement this Period 700.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Kate Whitman for Congress

A.

Full Name (Last, First, Middle Initial)  
Juliana Merton

Mailing Address PO Box 186

City Pottersville State NJ Zip Code 07979-

Purpose of Disbursement Refund of Contribution NOTE:GENERAL ELEC

Candidate Name

010  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 80619.E235  
Date of Disbursement

06 / 16 / 2008

Amount of Each Disbursement this Period

700.00

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

B.

Full Name (Last, First, Middle Initial)  
Frances Nelson

Mailing Address 60-31st Avenue

City San Mateo State CA Zip Code 94403-

Purpose of Disbursement Refund of Contribution NOTE:GENERAL ELEC

Candidate Name

010  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 80619.E256  
Date of Disbursement

06 / 16 / 2008

Amount of Each Disbursement this Period

2300.00

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

C.

Full Name (Last, First, Middle Initial)  
Alfred Ogden, II

Mailing Address 711 Third Avenue, #1505

City New York State NY Zip Code 10017-

Purpose of Disbursement Refund of Contribution NOTE:GENERAL ELEC

Candidate Name

010  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 80619.E262  
Date of Disbursement

06 / 16 / 2008

Amount of Each Disbursement this Period

2200.00

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

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)

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

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NAME OF COMMITTEE (In Full)  
Kate Whitman for Congress

A.	Full Name (Last, First, Middle Initial) Alfred Ogden, II	Transaction ID: 80619.E261 Date of Disbursement 06 / 16 / 2008
	Mailing Address 711 Third Avenue, #1505	Amount of Each Disbursement this Period 100.00
	City New York State NY Zip Code 10017-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution NOTE:GENERAL ELEC Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		010 Category/Type

B.	Full Name (Last, First, Middle Initial) Leslie Quick, III	Transaction ID: 80619.E253 Date of Disbursement 06 / 16 / 2008
	Mailing Address 11 Chapin Road	Amount of Each Disbursement this Period 1000.00
	City Bernardsville State NJ Zip Code 07924-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution NOTE:GENERAL ELEC Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		010 Category/Type

C.	Full Name (Last, First, Middle Initial) Leslie Quick, III	Transaction ID: 80619.E254 Date of Disbursement 06 / 16 / 2008
	Mailing Address 11 Chapin Road	Amount of Each Disbursement this Period 700.00
	City Bernardsville State NJ Zip Code 07924-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution NOTE:GENERAL ELEC Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		010 Category/Type

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Kate Whitman for Congress

A.	Full Name (Last, First, Middle Initial) Wendy Rayner	Transaction ID: 80619.E246 Date of Disbursement 06 / 16 / 2008
	Mailing Address 34 Maidenhead Road	Amount of Each Disbursement this Period 2300.00
	City Princeton State NJ Zip Code 08540- Purpose of Disbursement Refund of Contribution NOTE:GENERAL ELEC Candidate Name	010 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.	Full Name (Last, First, Middle Initial) Henry Slack	Transaction ID: 80619.E258 Date of Disbursement 06 / 16 / 2008
	Mailing Address 325 Columbia Turnpike	Amount of Each Disbursement this Period 2300.00
	City Florham Park State NJ Zip Code 07932- Purpose of Disbursement Refund of Contribution NOTE:GENERAL ELEC Candidate Name	010 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.	Full Name (Last, First, Middle Initial) Frances Todd	Transaction ID: 80619.E248 Date of Disbursement 06 / 16 / 2008
	Mailing Address 121 Liberty Corner Road	Amount of Each Disbursement this Period 2300.00
	City Far Hills State NJ Zip Code 07931- Purpose of Disbursement Refund of Contribution NOTE:GENERAL ELEC Candidate Name	010 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6900.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Kate Whitman for Congress

A.

Full Name (Last, First, Middle Initial)  
Ann West

Mailing Address 42 Old Wood Road

City State Zip Code  
Bernardsville NJ 07924-

Purpose of Disbursement  
Refund of Contribution NOTE:GENERAL ELEC

Candidate Name

010  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 80619.E236  
Date of Disbursement

06 / 16 / 2008

Amount of Each Disbursement this Period

2300.00

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

B.

Full Name (Last, First, Middle Initial)  
Stephen West

Mailing Address 42 Old Wood Road

City State Zip Code  
Bernardsville NJ 07924-

Purpose of Disbursement  
Refund of Contribution NOTE:GENERAL ELEC

Candidate Name

010  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 80619.E251  
Date of Disbursement

06 / 16 / 2008

Amount of Each Disbursement this Period

700.00

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

C.

Full Name (Last, First, Middle Initial)  
Charles Whitman

Mailing Address 450 Lexington Avenue, #2650

City State Zip Code  
New York NY 10017-

Purpose of Disbursement  
Refund of Contribution NOTE:GENERAL ELEC

Candidate Name

010  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 80619.E270  
Date of Disbursement

06 / 16 / 2008

Amount of Each Disbursement this Period

2300.00

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

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

5300.00

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

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NAME OF COMMITTEE (In Full)  
Kate Whitman for Congress

A.

Full Name (Last, First, Middle Initial)  
Christine Whitman

Mailing Address PO Box 146

City Oldwick State NJ Zip Code 08858-

Purpose of Disbursement Refund of Contribution NOTE:GENERAL ELEC  
Candidate Name

010  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: 80619.E268  
Date of Disbursement

06 / 16 / 2008

Amount of Each Disbursement this Period

2300.00

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

B.

Full Name (Last, First, Middle Initial)  
Janet Whitman

Mailing Address 231 East 76th Street

City New York State NY Zip Code 10021-

Purpose of Disbursement Refund of Contribution NOTE:GENERAL ELEC  
Candidate Name

010  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: 80619.E272  
Date of Disbursement

06 / 16 / 2008

Amount of Each Disbursement this Period

2300.00

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

C.

Full Name (Last, First, Middle Initial)  
John Whitman

Mailing Address PO Box 146

City Oldwick State NJ Zip Code 08858-

Purpose of Disbursement Refund of Contribution NOTE:GENERAL ELEC  
Candidate Name

010  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: 80619.E267  
Date of Disbursement

06 / 16 / 2008

Amount of Each Disbursement this Period

2300.00

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

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

6900.00

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

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NAME OF COMMITTEE (In Full)  
Kate Whitman for Congress

A.

Full Name (Last, First, Middle Initial)  
Kate Whitman

Transaction ID: 80619.E244  
Date of Disbursement

Mailing Address Personal Funds  
PO Box 241

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

City Peapack State NJ Zip Code 07977-

Amount of Each Disbursement this Period

2300.00
---------

Purpose of Disbursement  
Refund of Contribution NOTE:GENERAL ELEC

010  
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: 2008  Primary  General  Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Taylor Whitman

Transaction ID: 80619.E266  
Date of Disbursement

Mailing Address 315 West 23rd Street  
Apt. 2C

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

City New York State NY Zip Code 10011-

Amount of Each Disbursement this Period

2300.00
---------

Purpose of Disbursement  
Refund of Contribution NOTE:GENERAL ELEC

010  
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: 2008  Primary  General  Other (specify) ▼

State: District:

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

4600.00
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TOTAL This Period (last page this line number only) .....

73700.00
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**SCHEDULE C (FEC Form 3)**

**LOANS**

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

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

NAME OF COMMITTEE (In Full)  
Kate Whitman for Congress

**Transaction ID: LS80714.C1206**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Kate Whitman - [PERSONAL FUNDS]

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address Personal Funds  
PO Box 241

City Peapack State NJ ZIP Code 07977-

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
6200.00	0.00	6200.00

**TERMS**

Date Incurred MM DD YY YY 06 30 2008	Date Due ONDEMAND	Interest Rate .0000 % (apr)	Secured: <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: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input style="width: 100%;" type="text" value="6200.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input style="width: 100%;" type="text" value="6200.00"/>

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