

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than 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
New Jersey Democratic State Committee

ADDRESS (number and street) 196 West State Street
 Check if different than previously reported. (ACC)
Trenton NJ 08608

2. **FEC IDENTIFICATION NUMBER** C00104471
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 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 11 01 2005 through 11 30 2005

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 Joseph P. Cryan
Signature of Treasurer Electronically Filed by Joseph P. Cryan Date 02 17 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
New Jersey Democratic State Committee

Report Covering the Period: From:

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	5

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>5</td></tr></table>	Y	Y	Y	Y	2	0	0	5		151623.45
Y	Y	Y	Y							
2	0	0	5							
(b) Cash on Hand at Beginning of Reporting Period	651406.37									
(c) Total Receipts (from Line 19)	532028.39	2594222.39								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1183434.76	2745845.84								
7. Total Disbursements (from Line 31)	785339.55	2347750.63								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	398095.21	398095.21								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	35036.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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
New Jersey Democratic State Committee

Report Covering the Period: From:

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	5

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	10000.00	311872.37
(ii) Unitemized	0.00	800.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	10000.00	312672.37
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	12500.00	169975.93
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	22500.00	482648.30
12. Transfers From Affiliated/Other Party Committees	505387.06	1922089.49
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	4141.33	6307.22
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	183177.38
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	183177.38
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	532028.39	2594222.39
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	532028.39	2411045.01

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	14179.04	195289.03
(ii) Non-Federal Share.....	48045.88	646113.41
(b) Other Federal Operating Expenditures.....	60000.00	63275.93
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	122224.92	904678.37
22. Transfers to Affiliated/Other Party Committees.....	180000.00	180000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	101000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	40646.16
(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 28(a), (b), and (c))	0.00	40646.16
29. Other Disbursements.....	0.00	5250.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	483114.63	1116176.10
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	483114.63	1116176.10
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	785339.55	2347750.63
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	737293.67	1701637.22

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	22500.00	482648.30
34. Total Contribution Refunds (from Line 28(d))	0.00	40646.16
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22500.00	442002.14
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	74179.04	258564.96
37. Offsets to Operating Expenditures (from Line 15, page 3)	4141.33	6307.22
38. Net Operating Expenditures (subtract Line 37 from Line 36)	70037.71	252257.74

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 6 / 348	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial)
David Allen Dechman

Mailing Address 525 Park Ave

City State Zip Code
New York NY 10021

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

Name of Employer Occupation
None Private Investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

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

Transaction ID: 11ai-000027604

Amount of Each Receipt this Period
10000.00

SUBTOTAL of Receipts This Page (optional)	▶	10000.00
TOTAL This Period (last page this line number only)	▶	10000.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 348
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Chapter 830 Drive Mailing Address 12298 Townsend Road		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 5 Transaction ID: 11c-000027638
City State Zip Code Philadelphia PA 19154	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C C00174847		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Exelon PAC Mailing Address PO Box 805379		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 8 / 2 0 0 5 Transaction ID: 11c-000027663
City State Zip Code Chicago IL 60680	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C C00141218		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) C. Machinists Non-Partisan PAC Mailing Address 9000 Machinist Pl.		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 7 / 2 0 0 5 Transaction ID: 11c-000027625
City State Zip Code Upper Marlboro MD 20772	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C C00002469		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	12500.00
TOTAL This Period (last page this line number only)	12500.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 / 348
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial)
Democratic National Committee

Mailing Address 430 South Capitol Street, SE

City State Zip Code
Washington DC 20003

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1855000.00

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

Transaction ID: 12-16-02257-02340

Amount of Each Receipt this Period
500000.00

B. Full Name (Last, First, Middle Initial)
DNC General Fund

Mailing Address New Jersey Party Victory Fund
430 South Capitol Street, SE

City State Zip Code
Washington DC 20003

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
17089.49

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

Transaction ID: 12-01-02128-03659

Amount of Each Receipt this Period
5387.06

Joint Fundraising Transfer

SUBTOTAL of Receipts This Page (optional)	▶	505387.06
TOTAL This Period (last page this line number only)	▶	505387.06

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 9 / 348	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial)
Cipriani 23rd Street

Mailing Address 200 Fifth Ave

City	State	Zip Code
New York	NY	10010

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

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4141.33

Date of Receipt

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

Transaction ID: 15-16-02876-02967

Amount of Each Receipt this Period
4141.33

Overpayment - Catering Services

SUBTOTAL of Receipts This Page (optional)	▶	4141.33
TOTAL This Period (last page this line number only)	▶	4141.33

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 10 / 348

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

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

Mailing Address State House
W. State Street

City Trenton State NJ Zip Code 08608

Purpose of Disbursement
Fees - Legal

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 21b-01-02152-03685
Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 11 / 348

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Bergen County Democratic Organization		Transaction ID: 22-16-02251-02287	
Mailing Address 58-60 Main Street		Date of Disbursement 11 / 03 / 2005	
City Hackensack	State NJ	Zip Code 07601	Amount of Each Disbursement this Period 180000.00
Purpose of Disbursement		Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	▶	180000.00
TOTAL This Period (last page this line number only)	▶	180000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 12 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Nimco Ahmed Full Name (Last, First, Middle Initial) Mailing Address 3120 4th Ave. South - #B City Minneapolis State MN Zip Code 55408 Purpose of Disbursement Telecommunications/Travel Expenses 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: 30b-01-02155-03688 Date of Disbursement 11 / 01 / 2005 Amount of Each Disbursement this Period 75.00 Category/Type
--	--	--

B. Ray Alcantara Full Name (Last, First, Middle Initial) Mailing Address 52 Wood Lake Dr City Piscataway State NJ Zip Code 08854 Purpose of Disbursement Salary 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: 30b-01-02156-03689 Date of Disbursement 11 / 01 / 2005 Amount of Each Disbursement this Period 1564.09 Category/Type
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C. Ray Alcantara Full Name (Last, First, Middle Initial) Mailing Address 52 Wood Lake Dr City Piscataway State NJ Zip Code 08854 Purpose of Disbursement Telecommunications Expenses 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: 30b-01-02156-03690 Date of Disbursement 11 / 01 / 2005 Amount of Each Disbursement this Period 37.50 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	1676.59
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Albert Alvarez		Transaction ID: 30b-01-02158-03692 Date of Disbursement 11 / 01 / 2005	
Mailing Address 9 Tuva Lane		Amount of Each Disbursement this Period 2168.84	
City South Hackensack State NJ Zip Code 07606	Purpose of Disbursement Salary	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) ▼		

Full Name (Last, First, Middle Initial) B. Albert Alvarez		Transaction ID: 30b-01-02158-03693 Date of Disbursement 11 / 01 / 2005	
Mailing Address 9 Tuva Lane		Amount of Each Disbursement this Period 37.50	
City South Hackensack State NJ Zip Code 07606	Purpose of Disbursement Telecommunications Expenses	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) ▼		

Full Name (Last, First, Middle Initial) C. Jonathan Atwood		Transaction ID: 30b-01-02159-03694 Date of Disbursement 11 / 01 / 2005	
Mailing Address 284 102nd St		Amount of Each Disbursement this Period 37.50	
City Stone Harbor State NJ Zip Code 08247	Purpose of Disbursement Telecommunications Expenses	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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	2243.84
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

PAGE 14 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Claribel Azcona-Barber		Transaction ID: 30b-01-02160-03695 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 5
Mailing Address 203 New York Avenue		Amount of Each Disbursement this Period 1963.40
City New Brunswick State NJ Zip Code 08901	Category/ Type	
Purpose of Disbursement Salary Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. Claribel Azcona-Barber		Transaction ID: 30b-01-02160-03696 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 5
Mailing Address 203 New York Avenue		Amount of Each Disbursement this Period 37.50
City New Brunswick State NJ Zip Code 08901	Category/ Type	
Purpose of Disbursement Telecommunications Expenses Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. Arleen Barcenas		Transaction ID: 30b-01-02161-03697 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 5
Mailing Address 338 E 29th Street		Amount of Each Disbursement this Period 986.77
City Paterson State NJ Zip Code 07514	Category/ Type	
Purpose of Disbursement Salary Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	2987.67
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 15 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Arleen Barcenas Full Name (Last, First, Middle Initial) Mailing Address 338 E 29th Street City Paterson State NJ Zip Code 07514 Purpose of Disbursement Telecommunications Expenses 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: 30b-01-02161-03698 Date of Disbursement 11 / 01 / 2005 Amount of Each Disbursement this Period 37.50 Category/Type
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B. Kerry Baynes Full Name (Last, First, Middle Initial) Mailing Address 207 Villa Knoll Ct City Sicklerville State NJ Zip Code 08081 Purpose of Disbursement Salary 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: 30b-01-02163-03700 Date of Disbursement 11 / 01 / 2005 Amount of Each Disbursement this Period 1322.79 Category/Type
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C. Kerry Baynes Full Name (Last, First, Middle Initial) Mailing Address 207 Villa Knoll Ct City Sicklerville State NJ Zip Code 08081 Purpose of Disbursement Telecommunications Expenses 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: 30b-01-02163-03701 Date of Disbursement 11 / 01 / 2005 Amount of Each Disbursement this Period 75.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ► **1435.29**

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 16 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Carmen N. Brown		Transaction ID: 30b-01-02165-03703 Date of Disbursement 11 / 01 / 2005	
Mailing Address 54 Jacob Ct.		Amount of Each Disbursement this Period 1105.29	
City Ewing State NJ Zip Code 08628	Purpose of Disbursement Salary Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Douglas Brown		Transaction ID: 30b-01-02167-03705 Date of Disbursement 11 / 01 / 2005	
Mailing Address 23 Latham Ave		Amount of Each Disbursement this Period 1588.55	
City Navesink State NJ Zip Code 07752	Purpose of Disbursement Salary Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Douglas Brown		Transaction ID: 30b-01-02167-03706 Date of Disbursement 11 / 01 / 2005	
Mailing Address 23 Latham Ave		Amount of Each Disbursement this Period 75.00	
City Navesink State NJ Zip Code 07752	Purpose of Disbursement Telecommunications/Travel Expenses 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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	2768.84
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 17 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Janice Campbell Fuller		Transaction ID: 30b-01-02170-03709 Date of Disbursement <input type="text" value="11"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="05"/>	
Mailing Address 24 Oldfield Pl		Amount of Each Disbursement this Period <input type="text" value="2655.69"/>	
City Red Bank State NJ Zip Code 07701	Purpose of Disbursement Salary Candidate Name Category/Type <input type="text"/>		
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) Jason Cassese		Transaction ID: 30b-01-02172-03711 Date of Disbursement <input type="text" value="11"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="05"/>	
Mailing Address 10 Holly Court		Amount of Each Disbursement this Period <input type="text" value="1456.24"/>	
City Highland Park State NJ Zip Code 08904	Purpose of Disbursement Salary Candidate Name Category/Type <input type="text"/>		
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) Jason Cassese		Transaction ID: 30b-01-02172-03712 Date of Disbursement <input type="text" value="11"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="05"/>	
Mailing Address 10 Holly Court		Amount of Each Disbursement this Period <input type="text" value="37.50"/>	
City Highland Park State NJ Zip Code 08904	Purpose of Disbursement Telecommunications Expenses Candidate Name Category/Type <input type="text"/>		
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) ▶	<input type="text" value="4149.43"/>
TOTAL This Period (last page this line number only) ▶	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 18 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Amanda Clausen		Transaction ID: 30b-01-02173-03713 Date of Disbursement 11 / 01 / 2005
Mailing Address 338 5th St NW		Amount of Each Disbursement this Period 37.50
City Blooming Prarie State MN Zip Code 55917	Purpose of Disbursement Telecommunications Expenses 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) ▼	

Full Name (Last, First, Middle Initial) B. Georgia Cocharne		Transaction ID: 30b-01-02174-03714 Date of Disbursement 11 / 01 / 2005
Mailing Address 513 Prince Street		Amount of Each Disbursement this Period 986.77
City Bordentown State NJ Zip Code 08505	Purpose of Disbursement Salary Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Colleen Connolly		Transaction ID: 30b-01-02175-03715 Date of Disbursement 11 / 01 / 2005
Mailing Address 507 Grand Street 2-L		Amount of Each Disbursement this Period 1739.37
City Trenton State NJ Zip Code 08611	Purpose of Disbursement Salary Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2763.64
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 19 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Megan Cryan Full Name (Last, First, Middle Initial) Mailing Address 846 Liberty Ave City Union State NJ Zip Code 07083 Purpose of Disbursement Salary 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: 30b-01-02177-03717 Date of Disbursement 11 / 01 / 2005 Amount of Each Disbursement this Period 779.88 Category/Type
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B. Megan Cryan Full Name (Last, First, Middle Initial) Mailing Address 846 Liberty Ave City Union State NJ Zip Code 07083 Purpose of Disbursement Telecommunications Expenses 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: 30b-01-02177-03718 Date of Disbursement 11 / 01 / 2005 Amount of Each Disbursement this Period 37.50 Category/Type
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C. Efen Dato Full Name (Last, First, Middle Initial) Mailing Address 6 Derbyshire Ln City Somerset State NJ Zip Code 08873 Purpose of Disbursement Salary 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: 30b-01-02180-03721 Date of Disbursement 11 / 01 / 2005 Amount of Each Disbursement this Period 552.84 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	1370.22
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 20 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Efren Dato Full Name (Last, First, Middle Initial) Mailing Address 6 Derbyshire Ln City Somerset State NJ Zip Code 08873 Purpose of Disbursement Telecommunications Expenses 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: 30b-01-02180-03722 Date of Disbursement: 11 / 01 / 2005 Amount of Each Disbursement this Period 37.50 Category/Type
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B. Daniel C. Dollbaum Full Name (Last, First, Middle Initial) Mailing Address 6 Butler Pl. #1 City Kearny State NJ Zip Code 07032 Purpose of Disbursement Salary 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: 30b-01-02181-03723 Date of Disbursement: 11 / 01 / 2005 Amount of Each Disbursement this Period 2225.42 Category/Type
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C. Kevin Drennan Full Name (Last, First, Middle Initial) Mailing Address 135 Concord Avenue City Hamilton State NJ Zip Code 08619 Purpose of Disbursement Salary 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: 30b-01-02182-03724 Date of Disbursement: 11 / 01 / 2005 Amount of Each Disbursement this Period 1553.68 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	3816.60
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Mallory Earle-Sharpe		Transaction ID: 30b-01-02184-03726 Date of Disbursement 11 / 01 / 2005	
Mailing Address 93 4th Ave		Amount of Each Disbursement this Period 37.50	
City Paterson State NJ Zip Code 07524	Purpose of Disbursement Telecommunications Expenses 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) ▼		

Full Name (Last, First, Middle Initial) B. Sean Fischer		Transaction ID: 30b-01-02185-03727 Date of Disbursement 11 / 01 / 2005	
Mailing Address 210 W. Beach Rd		Amount of Each Disbursement this Period 37.50	
City Williamstown State NJ Zip Code 08094	Purpose of Disbursement Telecommunications Expenses 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) ▼		

Full Name (Last, First, Middle Initial) C. John Fuller		Transaction ID: 30b-01-02186-03728 Date of Disbursement 11 / 01 / 2005	
Mailing Address 95 Branch Port Avenue		Amount of Each Disbursement this Period 2116.75	
City Long Branch State NJ Zip Code 07740	Purpose of Disbursement Salary Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	2191.75
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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

FOR LINE NUMBER:
(check only one)

PAGE 22 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Nadia Garnett		Transaction ID: 30b-01-02188-03730 Date of Disbursement 11 / 01 / 2005	
Mailing Address 3725 35th St		Amount of Each Disbursement this Period 2409.30	
City Mount Rainer State MO Zip Code 20712	Purpose of Disbursement Salary	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Theodora Geanakoplos		Transaction ID: 30b-01-02189-03731 Date of Disbursement 11 / 01 / 2005	
Mailing Address 711 Gordon Terr #312		Amount of Each Disbursement this Period 37.50	
City Chicago State IL Zip Code 60613	Purpose of Disbursement Telecommunications Expenses	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jennifer Godoski		Transaction ID: 30b-01-02191-03733 Date of Disbursement 11 / 01 / 2005	
Mailing Address 507 Grand St - Apt 2L		Amount of Each Disbursement this Period 2353.80	
City Trenton State NJ Zip Code 08611	Purpose of Disbursement Salary	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	4800.60
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 23 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Jennifer Godoski		Transaction ID: 30b-01-02191-03734 Date of Disbursement 11 / 01 / 2005
Mailing Address 507 Grand St - Apt 2L		Amount of Each Disbursement this Period 37.50
City State Zip Code Trenton NJ 08611	Category/ Type	
Purpose of Disbursement Telecommunications Expenses		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Hans P Goff		Transaction ID: 30b-01-02192-03735 Date of Disbursement 11 / 01 / 2005
Mailing Address 5 Cadawalder Dr		Amount of Each Disbursement this Period 1142.81
City State Zip Code Trenton NJ 08618	Category/ Type	
Purpose of Disbursement Salary		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Hans P Goff		Transaction ID: 30b-01-02192-03736 Date of Disbursement 11 / 01 / 2005
Mailing Address 5 Cadawalder Dr		Amount of Each Disbursement this Period 75.00
City State Zip Code Trenton NJ 08618	Category/ Type	
Purpose of Disbursement Telecommunications/Travel Expenses		
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) ▶	1255.31
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 24 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Patricia Ann Hood Full Name (Last, First, Middle Initial) Mailing Address 1315 W. State St., #6D City Trenton State NJ Zip Code 08618 Purpose of Disbursement Salary 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: 30b-01-02195-03739 Date of Disbursement 11 / 01 / 2005 Amount of Each Disbursement this Period 366.35 Category/Type
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B. James B Jefferson Full Name (Last, First, Middle Initial) Mailing Address 2210 Winthrop Ave City Lindenwold State NJ Zip Code 08021 Purpose of Disbursement Salary 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: 30b-01-02196-03740 Date of Disbursement 11 / 01 / 2005 Amount of Each Disbursement this Period 1437.74 Category/Type
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C. James B Jefferson Full Name (Last, First, Middle Initial) Mailing Address 2210 Winthrop Ave City Lindenwold State NJ Zip Code 08021 Purpose of Disbursement Telecommunications Expenses 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: 30b-01-02196-03741 Date of Disbursement 11 / 01 / 2005 Amount of Each Disbursement this Period 37.50 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	1841.59
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

PAGE 25 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

<p>A. Nadeen Kabie</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 26 Hopkins Dr</p> <p>City Lawrenceville State NJ Zip Code 08648</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 30b-01-02197-03742</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="779.88"/></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>B. Nadeen Kabie</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 26 Hopkins Dr</p> <p>City Lawrenceville State NJ Zip Code 08648</p> <p>Purpose of Disbursement Telecommunications Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 30b-01-02197-03743</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="37.50"/></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>C. Matthew Kasden</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 31932 Violeta Ln</p> <p>City Coto de Caza State CA Zip Code 92679</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 30b-01-02199-03745</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1358.67"/></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 26 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Matthew Kasden		Transaction ID: 30b-01-02199-03746 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 5
Mailing Address 31932 Violeta Ln		Amount of Each Disbursement this Period 37.50
City Coto de Caza State CA Zip Code 92679	Purpose of Disbursement Telecommunications Expenses 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Alexander Kemeny		Transaction ID: 30b-01-02200-03747 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 5
Mailing Address 35 N. 6th Ave		Amount of Each Disbursement this Period 842.38
City Highland Park State NJ Zip Code 08904	Purpose of Disbursement Salary 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Jacqueline Lacoya		Transaction ID: 30b-01-02201-03748 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 5
Mailing Address 251 Fulton St		Amount of Each Disbursement this Period 406.08
City New Brunswick State NJ Zip Code 08901	Purpose of Disbursement Salary 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) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	1285.96
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 27 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Jeffrey Lalicon		Transaction ID: 30b-01-02202-03749 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 5
Mailing Address 30 Conerly Rd		Amount of Each Disbursement this Period 779.88
City Somerset State NJ Zip Code 08875		
Purpose of Disbursement Salary Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) Jeffrey Lalicon		Transaction ID: 30b-01-02202-03750 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 5
Mailing Address 30 Conerly Rd		Amount of Each Disbursement this Period 37.50
City Somerset State NJ Zip Code 08875		
Purpose of Disbursement Telecommunications Expenses 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) Jonathan Liou		Transaction ID: 30b-01-02204-03752 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 5
Mailing Address 60 Patterson St - #701		Amount of Each Disbursement this Period 1119.94
City New Brunswick State NJ Zip Code 08901		
Purpose of Disbursement Salary Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1937.32
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 28 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Gregory Lorjuste		Transaction ID: 30b-01-02205-03753 Date of Disbursement 11 / 01 / 2005
Mailing Address 865 Lower Ferry Rd. Apt. 417		Amount of Each Disbursement this Period 630.86
City Ewing State NJ Zip Code 08628	Purpose of Disbursement Salary Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Margaret L. Martin		Transaction ID: 30b-01-02209-03757 Date of Disbursement 11 / 01 / 2005
Mailing Address 777 W. State St. #9-B		Amount of Each Disbursement this Period 1463.14
City Trenton State NJ Zip Code 08618	Purpose of Disbursement Salary Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Ivette Martinez		Transaction ID: 30b-01-02210-03758 Date of Disbursement 11 / 01 / 2005
Mailing Address 538 McBride Avenue		Amount of Each Disbursement this Period 1779.09
City West Patterson State NJ Zip Code 07524	Purpose of Disbursement Salary Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3873.09
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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

FOR LINE NUMBER:
(check only one)

PAGE 29 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Ivette Martinez		Transaction ID: 30b-01-02210-03759 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 5
Mailing Address 538 McBride Avenue		Amount of Each Disbursement this Period 37.50
City West Patterson State NJ Zip Code 07524	Purpose of Disbursement Telecommunications Expenses 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) ▼	Category/ Type

B. Full Name (Last, First, Middle Initial) Alphonso Mayfield		Transaction ID: 30b-01-02212-03761 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 5
Mailing Address 129 Edwards St		Amount of Each Disbursement this Period 1286.93
City Lexington State MI Zip Code 39095	Purpose of Disbursement Salary 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) ▼	Category/ Type

C. Full Name (Last, First, Middle Initial) Alphonso Mayfield		Transaction ID: 30b-01-02212-03762 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 5
Mailing Address 129 Edwards St		Amount of Each Disbursement this Period 37.50
City Lexington State MI Zip Code 39095	Purpose of Disbursement Telecommunications Expenses 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) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	1361.93
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

PAGE 30 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Richard P McGrath		Transaction ID: 30b-01-02213-03763 Date of Disbursement 11 / 01 / 2005
Mailing Address 100 Hiram Sq		Amount of Each Disbursement this Period 3007.80
City New Brunswick State NJ Zip Code 08901	Category/ Type	
Purpose of Disbursement Salary Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. Karen McKeon		Transaction ID: 30b-01-02215-03765 Date of Disbursement 11 / 01 / 2005
Mailing Address 235 Park Avenue Apt. 1C		Amount of Each Disbursement this Period 647.07
City Hoboken State NJ Zip Code 08030	Category/ Type	
Purpose of Disbursement Salary Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. Harish Mehta		Transaction ID: 30b-01-02216-03766 Date of Disbursement 11 / 01 / 2005
Mailing Address 2523 Limm Ave		Amount of Each Disbursement this Period 566.81
City Union State NJ Zip Code 07083	Category/ Type	
Purpose of Disbursement Salary Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	4221.68
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Harish Mehta Full Name (Last, First, Middle Initial) Mailing Address 2523 Limm Ave City Union State NJ Zip Code 07083 Purpose of Disbursement Telecommunications Expenses 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: 30b-01-02216-03767 Date of Disbursement 11 / 01 / 2005 Amount of Each Disbursement this Period 37.50 Category/Type
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B. Stephon Mickler Full Name (Last, First, Middle Initial) Mailing Address 506 Leon Dr City Anderson State SC Zip Code 29621 Purpose of Disbursement Telecommunications/Travel Expenses 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: 30b-01-02218-03769 Date of Disbursement 11 / 01 / 2005 Amount of Each Disbursement this Period 75.00 Category/Type
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C. Michael P Moffo Full Name (Last, First, Middle Initial) Mailing Address 61 New Colony Drive City Mercerville State NJ Zip Code 08619 Purpose of Disbursement Salary 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: 30b-01-02219-03770 Date of Disbursement 11 / 01 / 2005 Amount of Each Disbursement this Period 2394.04 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	2506.54
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 32 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Michael P Moffo		Transaction ID: 30b-01-02219-03771 Date of Disbursement 11 / 01 / 2005	
Mailing Address 61 New Colony Drive		Amount of Each Disbursement this Period 37.50	
City Mercerville State NJ Zip Code 08619	Purpose of Disbursement Telecommunications Expenses	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) ▼		

Full Name (Last, First, Middle Initial) B. Maggie Moran		Transaction ID: 30b-01-02220-03772 Date of Disbursement 11 / 01 / 2005	
Mailing Address 112 Inlet Terrace		Amount of Each Disbursement this Period 4055.00	
City Belmar State NJ Zip Code 07719	Purpose of Disbursement Salary	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) ▼		

Full Name (Last, First, Middle Initial) C. Joel Nunez		Transaction ID: 30b-01-02221-03773 Date of Disbursement 11 / 01 / 2005	
Mailing Address 218 N. Florida Ave		Amount of Each Disbursement this Period 1449.50	
City Atlantic City State NJ Zip Code 08401	Purpose of Disbursement Salary	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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	5542.00
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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

FOR LINE NUMBER:
(check only one)

PAGE 33 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Joel Nunez		Transaction ID: 30b-01-02221-03774 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 5
Mailing Address 218 N. Florida Ave		Amount of Each Disbursement this Period 37.50
City Atlantic City State NJ Zip Code 08401	Purpose of Disbursement Telecommunications Expenses 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) ▼	Category/ Type

B. Full Name (Last, First, Middle Initial) Kevin O'Sullivan		Transaction ID: 30b-01-02222-03775 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 5
Mailing Address 33 First St		Amount of Each Disbursement this Period 1795.67
City Califon State NJ Zip Code 08085	Purpose of Disbursement Salary 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) ▼	Category/ Type

C. Full Name (Last, First, Middle Initial) Summer Oesch		Transaction ID: 30b-01-02224-03777 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 5
Mailing Address 161B N Main St		Amount of Each Disbursement this Period 2353.80
City Hightstown State NJ Zip Code 08520	Purpose of Disbursement Salary 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) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	4186.97
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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

FOR LINE NUMBER:
(check only one)

PAGE 34 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Summer Oesch		Transaction ID: 30b-01-02224-03778 Date of Disbursement 11 / 01 / 2005	
Mailing Address 161B N Main St		Amount of Each Disbursement this Period 37.50	
City Hightstown State NJ Zip Code 08520	Purpose of Disbursement Telecommunications Expenses 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) ▼		

Full Name (Last, First, Middle Initial) B. David Parano		Transaction ID: 30b-01-02225-03779 Date of Disbursement 11 / 01 / 2005	
Mailing Address 34 View St		Amount of Each Disbursement this Period 1926.05	
City Bergenfield State NJ Zip Code 07621	Purpose of Disbursement Salary Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Emily Passini		Transaction ID: 30b-01-02227-03782 Date of Disbursement 11 / 01 / 2005	
Mailing Address 45 Hickory Band Dr		Amount of Each Disbursement this Period 1829.85	
City Cabot State AR Zip Code 72023	Purpose of Disbursement Salary Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	3793.40
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 35 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Ronak Patel		Transaction ID: 30b-01-02228-03783 Date of Disbursement 11 / 01 / 2005	
Mailing Address 32 Reading Rd #B		Amount of Each Disbursement this Period 859.04	
City Edison State NJ Zip Code 08817	Purpose of Disbursement Salary Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jose Perez		Transaction ID: 30b-01-02229-03784 Date of Disbursement 11 / 01 / 2005	
Mailing Address 1 Richmond St #4010		Amount of Each Disbursement this Period 2805.53	
City New Brunswick State NJ Zip Code 08901	Purpose of Disbursement Salary Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jose Perez		Transaction ID: 30b-01-02229-03785 Date of Disbursement 11 / 01 / 2005	
Mailing Address 1 Richmond St #4010		Amount of Each Disbursement this Period 37.50	
City New Brunswick State NJ Zip Code 08901	Purpose of Disbursement Telecommunications Expenses 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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	3702.07
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 36 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Omar Perez		Transaction ID: 30b-01-02230-03786 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 5
Mailing Address 221 Parsonage Hill		Amount of Each Disbursement this Period 1358.67
City Short Hills	State NJ Zip Code 07078	
Purpose of Disbursement Salary	<input type="checkbox"/> Category/ <input type="checkbox"/> Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Omar Perez		Transaction ID: 30b-01-02230-03787 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 5
Mailing Address 221 Parsonage Hill		Amount of Each Disbursement this Period 37.50
City Short Hills	State NJ Zip Code 07078	
Purpose of Disbursement Telecommunications Expenses	<input type="checkbox"/> Category/ <input type="checkbox"/> Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Braxton Plummer		Transaction ID: 30b-01-02232-03789 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 5
Mailing Address 234 W Park Ave		Amount of Each Disbursement this Period 779.88
City Pleasantville	State NJ Zip Code 08232	
Purpose of Disbursement Salary	<input type="checkbox"/> Category/ <input type="checkbox"/> Type	
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) ▶	2176.05
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 37 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Braxton Plummer Full Name (Last, First, Middle Initial) Mailing Address 234 W Park Ave City Pleasantville State NJ Zip Code 08232 Purpose of Disbursement Telecommunications Expenses 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: 30b-01-02232-03790 Date of Disbursement 11 / 01 / 2005 Amount of Each Disbursement this Period 37.50 Category/Type
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B. Andrew J. Poag Full Name (Last, First, Middle Initial) Mailing Address 21 Concord Dr City Shamong State NJ Zip Code 08088-8674 Purpose of Disbursement Salary 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: 30b-01-02233-03791 Date of Disbursement 11 / 01 / 2005 Amount of Each Disbursement this Period 1660.29 Category/Type
---	--	--

C. Eric Richard Full Name (Last, First, Middle Initial) Mailing Address 160 N Union St #5 City Lambertville State NJ Zip Code 08530 Purpose of Disbursement Salary 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: 30b-01-02235-03793 Date of Disbursement 11 / 01 / 2005 Amount of Each Disbursement this Period 1309.11 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	3006.90
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 38 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Maritza Rodriguez		Transaction ID: 30b-01-02237-03795 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 5
Mailing Address 38 Wakeman Avenue Apt. 1		Amount of Each Disbursement this Period 1245.55
City Newark State NJ Zip Code 07104	Purpose of Disbursement Salary Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Derek Roseman		Transaction ID: 30b-01-02239-03797 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 5
Mailing Address 78 Delevan St		Amount of Each Disbursement this Period 1685.62
City Lambertville State NJ Zip Code 08530	Purpose of Disbursement Salary Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. John Santana		Transaction ID: 30b-01-02240-03798 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 5
Mailing Address 26 Columbia St		Amount of Each Disbursement this Period 2122.90
City Wharton State NJ Zip Code 07885	Purpose of Disbursement Salary Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5054.07
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 39 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. John Santana		Transaction ID: 30b-01-02240-03799 Date of Disbursement 11 / 01 / 2005	
Mailing Address 26 Columbia St		Amount of Each Disbursement this Period 37.50	
City Wharton State NJ Zip Code 07885	Purpose of Disbursement Telecommunications Expenses	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) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) B. Joseph Shields		Transaction ID: 30b-01-02242-03801 Date of Disbursement 11 / 01 / 2005	
Mailing Address 700 Lower State Rd. Apt. 904		Amount of Each Disbursement this Period 1963.40	
City North Wales State PA Zip Code 19454	Purpose of Disbursement Salary	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) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) C. Joseph Shields		Transaction ID: 30b-01-02242-03802 Date of Disbursement 11 / 01 / 2005	
Mailing Address 700 Lower State Rd. Apt. 904		Amount of Each Disbursement this Period 37.50	
City North Wales State PA Zip Code 19454	Purpose of Disbursement Telecommunications Expenses	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) ▼	Candidate Name	

SUBTOTAL of Disbursements This Page (optional) ▶	2038.40
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 40 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Calvin Shim		Transaction ID: 30b-01-02243-03803 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 5
Mailing Address 1140A Edgewoo Ln		Amount of Each Disbursement this Period 804.88
City Fort Lee State NJ Zip Code 07024	Category/ Type	
Purpose of Disbursement Salary Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. Calvin Shim		Transaction ID: 30b-01-02243-03804 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 5
Mailing Address 1140A Edgewoo Ln		Amount of Each Disbursement this Period 37.50
City Fort Lee State NJ Zip Code 07024	Category/ Type	
Purpose of Disbursement Telecommunications Expenses Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. Anu Subramanian		Transaction ID: 30b-01-02245-03806 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 5
Mailing Address 8 Anthony Avenue		Amount of Each Disbursement this Period 518.47
City Edison State NJ Zip Code 08220	Category/ Type	
Purpose of Disbursement Salary Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	1360.85
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 41 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Anu Subramanian		Transaction ID: 30b-01-02245-03807 Date of Disbursement 11 / 01 / 2005
Mailing Address 8 Anthony Avenue		Amount of Each Disbursement this Period 37.50
City Edison State NJ Zip Code 08220	Category/ Type	
Purpose of Disbursement Telecommunications Expenses		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Javier Vasques		Transaction ID: 30b-01-02248-03810 Date of Disbursement 11 / 01 / 2005
Mailing Address 114 Glen Rock Rd.		Amount of Each Disbursement this Period 1984.52
City Cedar Grove State NJ Zip Code 07009	Category/ Type	
Purpose of Disbursement Salary		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Brett Wask		Transaction ID: 30b-01-02250-03813 Date of Disbursement 11 / 01 / 2005
Mailing Address 224 Gretna Green Ct.		Amount of Each Disbursement this Period 2932.20
City Alexandria State VA Zip Code 22304	Category/ Type	
Purpose of Disbursement Salary		
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) ▶	4954.22
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 42 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Dale Wolfert		Transaction ID: 30b-01-02252-03815 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 5
Mailing Address 59 Bosko Dr		Amount of Each Disbursement this Period 1473.61
City East Brunswick State NJ Zip Code 08816	Category/ Type	
Purpose of Disbursement Salary Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. Dale Wolfert		Transaction ID: 30b-01-02252-03816 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 5
Mailing Address 59 Bosko Dr		Amount of Each Disbursement this Period 37.50
City East Brunswick State NJ Zip Code 08816	Category/ Type	
Purpose of Disbursement Telecommunications Expenses Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. Matthew Zinader		Transaction ID: 30b-01-02254-03818 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 5
Mailing Address 404 Fernwood Dr		Amount of Each Disbursement this Period 1660.29
City Millville State NJ Zip Code 08332	Category/ Type	
Purpose of Disbursement Salary Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ►

3171.40

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 43 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Matthew Zinader		Transaction ID: 30b-01-02254-03819 Date of Disbursement 11 / 01 / 2005
Mailing Address 404 Fernwood Dr		Amount of Each Disbursement this Period 37.50
City Millville State NJ Zip Code 08332	Purpose of Disbursement Telecommunications Expenses 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. United States Federal Government		Transaction ID: 30b-01-02255-03820 Date of Disbursement 11 / 01 / 2005
Mailing Address Internal Revenue Service		Amount of Each Disbursement this Period 34581.11
City Washington State DC Zip Code 20001	Purpose of Disbursement Payroll Taxes 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. State of New Jersey		Transaction ID: 30b-01-02256-03821 Date of Disbursement 11 / 01 / 2005
Mailing Address Department of Treasury		Amount of Each Disbursement this Period 5906.93
City Trenton State NJ Zip Code 08608	Purpose of Disbursement Payroll Taxes 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) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	40525.54
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 44 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Elizabeth E. Berry		Transaction ID: 30b-01-02257-03822 Date of Disbursement 11 / 01 / 2005	
Mailing Address 5601 Manor Dr		Amount of Each Disbursement this Period 499.75	
City Lansing State MI Zip Code 48911	Purpose of Disbursement Salary	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) ▼		

Full Name (Last, First, Middle Initial) B. Elizabeth E. Berry		Transaction ID: 30b-01-02257-03823 Date of Disbursement 11 / 01 / 2005	
Mailing Address 5601 Manor Dr		Amount of Each Disbursement this Period 37.50	
City Lansing State MI Zip Code 48911	Purpose of Disbursement Telecommunications Expenses	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) ▼		

Full Name (Last, First, Middle Initial) C. Jasaan Boone		Transaction ID: 30b-01-02258-03824 Date of Disbursement 11 / 01 / 2005	
Mailing Address 9 Whispering Woods Blvd		Amount of Each Disbursement this Period 499.75	
City Monroe Twp State NJ Zip Code 08831	Purpose of Disbursement Salary	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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1037.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 45 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Jasaun Boone		Transaction ID: 30b-01-02258-03825 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 5
Mailing Address 9 Whispering Woods Blvd		Amount of Each Disbursement this Period 37.50
City Monroe Twp State NJ Zip Code 08831	Purpose of Disbursement Telecommunications Expenses 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) ▼	Category/ Type

B. Full Name (Last, First, Middle Initial) John A. Brigandi		Transaction ID: 30b-01-02259-03826 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 5
Mailing Address 210 Marilyn Ave		Amount of Each Disbursement this Period 652.75
City Hammonton State NJ Zip Code 08037	Purpose of Disbursement Salary 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) ▼	Category/ Type

C. Full Name (Last, First, Middle Initial) John A. Brigandi		Transaction ID: 30b-01-02259-03827 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 5
Mailing Address 210 Marilyn Ave		Amount of Each Disbursement this Period 37.50
City Hammonton State NJ Zip Code 08037	Purpose of Disbursement Telecommunications Expenses 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) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	727.75
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 46 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Ivy Butts Full Name (Last, First, Middle Initial) Mailing Address 2211 S East 32nd Pl City Portland State OR Zip Code 97214 Purpose of Disbursement Salary 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: 30b-01-02260-03828 Date of Disbursement: M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 5 Amount of Each Disbursement this Period: 482.90 Category/Type
--	--	---

B. Ivy Butts Full Name (Last, First, Middle Initial) Mailing Address 2211 S East 32nd Pl City Portland State OR Zip Code 97214 Purpose of Disbursement Telecommunications Expenses 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: 30b-01-02260-03829 Date of Disbursement: M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 5 Amount of Each Disbursement this Period: 37.50 Category/Type
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C. Joseph Deckelnick Full Name (Last, First, Middle Initial) Mailing Address 725 Sateroja Dr City Brick State NJ Zip Code 08724 Purpose of Disbursement Salary 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: 30b-01-02261-03830 Date of Disbursement: M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 5 Amount of Each Disbursement this Period: 1242.94 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	1763.34
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 47 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Laurie E DePalo Full Name (Last, First, Middle Initial) Mailing Address 2035 E. 34th St City Brooklyn State NY Zip Code 11234 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: 30b-01-02262-03832 Date of Disbursement 11 / 01 / 2005 Amount of Each Disbursement this Period 612.13 Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Laurie E DePalo Full Name (Last, First, Middle Initial) Mailing Address 2035 E. 34th St City Brooklyn State NY Zip Code 11234 Purpose of Disbursement Telecommunications Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: 30b-01-02262-03833 Date of Disbursement 11 / 01 / 2005 Amount of Each Disbursement this Period 37.50 Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Sarah J. Donahue Full Name (Last, First, Middle Initial) Mailing Address 25 Tip Top St #1 City Brighton State MA Zip Code 02135 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: 30b-01-02263-03834 Date of Disbursement 11 / 01 / 2005 Amount of Each Disbursement this Period 686.85 Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1336.48
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 48 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Sarah J. Donahue		Transaction ID: 30b-01-02263-03835 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 5
Mailing Address 25 Tip Top St #1		Amount of Each Disbursement this Period 37.50
City Brighton State MA Zip Code 02135	Purpose of Disbursement Telecommunications Expenses 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Stephen J Duron		Transaction ID: 30b-01-02264-03836 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 5
Mailing Address 770 Sturbridge Dr		Amount of Each Disbursement this Period 914.57
City La Habra State CA Zip Code 90631	Purpose of Disbursement Salary 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Stephen J Duron		Transaction ID: 30b-01-02264-03837 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 5
Mailing Address 770 Sturbridge Dr		Amount of Each Disbursement this Period 37.50
City La Habra State CA Zip Code 90631	Purpose of Disbursement Telecommunications Expenses 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) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	989.57
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 49 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) John Duthie		Transaction ID: 30b-01-02265-03838 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 5
Mailing Address 4154 Bridgeview Ln		Amount of Each Disbursement this Period 872.91
City Canton State MI Zip Code 48188		
Purpose of Disbursement Salary Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) John Duthie		Transaction ID: 30b-01-02265-03839 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 5
Mailing Address 4154 Bridgeview Ln		Amount of Each Disbursement this Period 37.50
City Canton State MI Zip Code 48188		
Purpose of Disbursement Telecommunications Expenses 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) Tiffany Ellis		Transaction ID: 30b-01-02266-03840 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 5
Mailing Address 886 Montana		Amount of Each Disbursement this Period 538.50
City Marysville State MI Zip Code 48040		
Purpose of Disbursement Salary Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1448.91
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

PAGE 50 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Tiffany Ellis		Transaction ID: 30b-01-02266-03841 Date of Disbursement 11 / 01 / 2005	
Mailing Address 886 Montana		Amount of Each Disbursement this Period 37.50	
City Marysville State MI Zip Code 48040	Purpose of Disbursement Telecommunications Expenses	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) ▼		

Full Name (Last, First, Middle Initial) B. Andre M Richardson		Transaction ID: 30b-01-02267-03842 Date of Disbursement 11 / 01 / 2005	
Mailing Address 1406 Alpine Trail		Amount of Each Disbursement this Period 893.74	
City Neptune State NJ Zip Code 07753	Purpose of Disbursement Salary	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) ▼		

Full Name (Last, First, Middle Initial) C. Andre M Richardson		Transaction ID: 30b-01-02267-03843 Date of Disbursement 11 / 01 / 2005	
Mailing Address 1406 Alpine Trail		Amount of Each Disbursement this Period 37.50	
City Neptune State NJ Zip Code 07753	Purpose of Disbursement Telecommunications Expenses	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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	968.74
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 51 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Nathaniel Snyder Full Name (Last, First, Middle Initial) Mailing Address 107 Bunting Dr City Wilmington State DE Zip Code 19808 Purpose of Disbursement Salary 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: 30b-01-02268-03844 Date of Disbursement 11 / 01 / 2005 Amount of Each Disbursement this Period 914.58 Category/Type
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B. Nathaniel Snyder Full Name (Last, First, Middle Initial) Mailing Address 107 Bunting Dr City Wilmington State DE Zip Code 19808 Purpose of Disbursement Telecommunications Expenses 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: 30b-01-02268-03845 Date of Disbursement 11 / 01 / 2005 Amount of Each Disbursement this Period 37.50 Category/Type
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C. Seth Williams Full Name (Last, First, Middle Initial) Mailing Address 2659 Briana Dr City Pottstown State PA Zip Code 19454 Purpose of Disbursement Salary 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: 30b-01-02269-03846 Date of Disbursement 11 / 01 / 2005 Amount of Each Disbursement this Period 520.37 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	1472.45
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 52 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Seth Williams		Transaction ID: 30b-01-02269-03847 Date of Disbursement 11 / 01 / 2005
Mailing Address 2659 Briana Dr		Amount of Each Disbursement this Period 37.50
City Pottstown	State PA	
Zip Code 19454		
Purpose of Disbursement Telecommunications Expenses		
Candidate Name		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:		

Full Name (Last, First, Middle Initial) B. United States Federal Government		Transaction ID: 30b-01-02270-03848 Date of Disbursement 11 / 01 / 2005
Mailing Address Internal Revenue Service		Amount of Each Disbursement this Period 2857.38
City Washington	State DC	
Zip Code 20001		
Purpose of Disbursement Payroll Taxes		
Candidate Name		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:		

Full Name (Last, First, Middle Initial) C. State of New Jersey		Transaction ID: 30b-01-02271-03849 Date of Disbursement 11 / 01 / 2005
Mailing Address Department of Treasury		Amount of Each Disbursement this Period 571.89
City Trenton	State NJ	
Zip Code 08608		
Purpose of Disbursement Payroll Taxes		
Candidate Name		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) ▶	3466.77
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 53 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Jenny Tatsak		Transaction ID: 30b-01-02306-03886 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 5
Mailing Address 2800 Parker		Amount of Each Disbursement this Period 732.47
City Dearborn State MI Zip Code 48124		
Purpose of Disbursement Salary Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) Jenny Tatsak		Transaction ID: 30b-01-02306-03887 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 5
Mailing Address 2800 Parker		Amount of Each Disbursement this Period 37.50
City Dearborn State MI Zip Code 48124		
Purpose of Disbursement Telecommunications Expenses 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) CSI		Transaction ID: 30b-16-01675-01711 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 5
Mailing Address 2101 South Main Street		Amount of Each Disbursement this Period 3960.00
City Little Rock State AK Zip Code 72206		
Purpose of Disbursement Field Consulting 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4729.97
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 54 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Michael Clayton		Transaction ID: 30b-16-01678-01714 Date of Disbursement 11 / 01 / 2005	
Mailing Address 1142 Landowne Ave		Amount of Each Disbursement this Period 70.00	
City Camden State NJ Zip Code 08103	Purpose of Disbursement Field Consulting Services	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	State: District:		

Full Name (Last, First, Middle Initial) B. Audrey Fergusson		Transaction ID: 30b-16-01679-01715 Date of Disbursement 11 / 01 / 2005	
Mailing Address 433 North 7th Street Apt 7T		Amount of Each Disbursement this Period 70.00	
City Camden State NJ Zip Code 08105	Purpose of Disbursement Field Consulting Services	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	State: District:		

Full Name (Last, First, Middle Initial) C. Dennis Petty		Transaction ID: 30b-16-01681-01717 Date of Disbursement 11 / 01 / 2005	
Mailing Address 500 N. 7th Apt. 2114		Amount of Each Disbursement this Period 35.00	
City Camden State NJ Zip Code 08102	Purpose of Disbursement Field Consulting Services	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	175.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 55 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

<p>A. Full Name (Last, First, Middle Initial) Lisa Hutchinson</p>		<p>Transaction ID: 30b-16-01682-01718 Date of Disbursement</p>	
<p>Mailing Address 514 State St</p>		<p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/></p>	
<p>City Camden</p>	<p>State NJ</p>	<p>Zip Code 08102</p>	
<p>Purpose of Disbursement Field Consulting Services</p>		<p><input type="text" value=""/></p>	
<p>Candidate Name</p>		<p>Category/ Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: District:</p>			

Amount of Each Disbursement this Period

<p>B. Full Name (Last, First, Middle Initial) Nasario Dunn</p>		<p>Transaction ID: 30b-16-01683-01719 Date of Disbursement</p>	
<p>Mailing Address 514 State St</p>		<p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/></p>	
<p>City Camden</p>	<p>State NJ</p>	<p>Zip Code 08102</p>	
<p>Purpose of Disbursement Field Consulting Services</p>		<p><input type="text" value=""/></p>	
<p>Candidate Name</p>		<p>Category/ Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: District:</p>			

Amount of Each Disbursement this Period

<p>C. Full Name (Last, First, Middle Initial) Marie Dunlapp-Price</p>		<p>Transaction ID: 30b-16-01685-01721 Date of Disbursement</p>	
<p>Mailing Address 1272 Magnolia Ave.</p>		<p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/></p>	
<p>City Camden</p>	<p>State NJ</p>	<p>Zip Code 08013</p>	
<p>Purpose of Disbursement Field Consulting Services</p>		<p><input type="text" value=""/></p>	
<p>Candidate Name</p>		<p>Category/ Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: District:</p>			

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 56 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Bruce Edward Still Full Name (Last, First, Middle Initial) Mailing Address 453B Morse Street City Camden State NJ Zip Code 08105 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-01686-01722 Date of Disbursement 11 / 01 / 2005 Amount of Each Disbursement this Period 35.00 Category/Type
--	--	--

B. Reba Thomas Full Name (Last, First, Middle Initial) Mailing Address 500 N 7th St City Camden State NJ Zip Code 08102 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-01691-01727 Date of Disbursement 11 / 01 / 2005 Amount of Each Disbursement this Period 70.00 Category/Type
--	--	--

C. Eric Perez Full Name (Last, First, Middle Initial) Mailing Address 707 Chery St. City Vineland State NJ Zip Code 08360 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-01693-01729 Date of Disbursement 11 / 01 / 2005 Amount of Each Disbursement this Period 120.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	225.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 57 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Jennifer Falchook Full Name (Last, First, Middle Initial) Mailing Address 229 Davis Ave City New Brunswick State NJ Zip Code 08901 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-01694-01730 Date of Disbursement 11 / 01 / 2005 Amount of Each Disbursement this Period 120.00 Category/Type
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B. Vladimir Aveno Full Name (Last, First, Middle Initial) Mailing Address 11190 LPO City Piscataway State NJ Zip Code 08854 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-01695-01731 Date of Disbursement 11 / 01 / 2005 Amount of Each Disbursement this Period 66.00 Category/Type
--	--	--

C. Ashiq Khondker Full Name (Last, First, Middle Initial) Mailing Address 2011 S. Juniper St. City Philadelphia State PA Zip Code 19148 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-01698-01734 Date of Disbursement 11 / 01 / 2005 Amount of Each Disbursement this Period 141.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	327.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 58 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Marie deYoung		Transaction ID: 30b-16-01699-01735 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 5
Mailing Address 4 Owen Ave. Apt. 5		Amount of Each Disbursement this Period 91.00
City Lansdowne State PA Zip Code 19050	Purpose of Disbursement Field Consulting 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) ▼	

Full Name (Last, First, Middle Initial) B. Enriquillo Jose		Transaction ID: 30b-16-01703-01739 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 5
Mailing Address 358 Morse St		Amount of Each Disbursement this Period 822.25
City Camden State NJ Zip Code 08105	Purpose of Disbursement Field Consulting 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) ▼	

Full Name (Last, First, Middle Initial) C. Michael Muller		Transaction ID: 30b-16-01704-01740 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 5
Mailing Address 2323 Larchmont Place		Amount of Each Disbursement this Period 3125.00
City Mount Laurel State NJ Zip Code 08054	Purpose of Disbursement Political Consulting 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4038.25
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 59 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Suburban, A Coach USA Company		Transaction ID: 30b-16-01705-01741 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 5
Mailing Address 750 Somerset St		Amount of Each Disbursement this Period 32549.30
City New Brunswick State NJ Zip Code 08901	Purpose of Disbursement Travel Expenses 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. UNITE HERE NJ Council Local 3		Transaction ID: 30b-16-01706-01742 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 5
Mailing Address 2 Central Avenue 2nd Floor		Amount of Each Disbursement this Period 570.00
City Newark State NJ Zip Code 07102	Purpose of Disbursement Field Consulting Services Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Deluxe Business Forms & Supplies		Transaction ID: 30b-16-02873-02964 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 5
Mailing Address PO Box 64500		Amount of Each Disbursement this Period 1709.73
City Saint Paul State MN Zip Code 55164-0500	Purpose of Disbursement Banking Supplies 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) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	34829.03
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 60 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. ADP, Inc.		Transaction ID: 30b-01-02307-03888 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 1125 Virginia Drive		Amount of Each Disbursement this Period 271.78
City Ft Washington State PA Zip Code 19034	Purpose of Disbursement Payroll Processing Fees 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. ADP, Inc.		Transaction ID: 30b-01-02309-03890 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 1125 Virginia Drive		Amount of Each Disbursement this Period 86.99
City Ft Washington State PA Zip Code 19034	Purpose of Disbursement Payroll Processing Fees 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Daniel Casey		Transaction ID: 30b-16-01715-01751 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 2214 Garfield Ave		Amount of Each Disbursement this Period 250.00
City Camden State NJ Zip Code 08105	Purpose of Disbursement Field 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) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	608.77
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 61 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Amaris Estremera		Transaction ID: 30b-16-01716-01752 Date of Disbursement MM / DD / YYYY 11 / 04 / 2005	
Mailing Address 1126 S. 3rd St		Amount of Each Disbursement this Period 250.00	
City Camden State NJ Zip Code 08103	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jouseph Estremera		Transaction ID: 30b-16-01717-01753 Date of Disbursement MM / DD / YYYY 11 / 04 / 2005	
Mailing Address 1126 S. 3rd St.		Amount of Each Disbursement this Period 250.00	
City Camden State NJ Zip Code 08103	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Judy Navedo		Transaction ID: 30b-16-01718-01754 Date of Disbursement MM / DD / YYYY 11 / 04 / 2005	
Mailing Address 2740 Carman St.		Amount of Each Disbursement this Period 250.00	
City Camden State NJ Zip Code 08103	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	750.00
TOTAL This Period (last page this line number only) ▶	750.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 62 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Bernadette Nicholl		Transaction ID: 30b-16-01719-01755 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 2714 Garfield Ave.		Amount of Each Disbursement this Period 250.00
City Camden State NJ Zip Code 08105	Purpose of Disbursement Field 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) ▼	

B. Full Name (Last, First, Middle Initial) Geraldo Rosario		Transaction ID: 30b-16-01720-01756 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 921 S. 5th St.		Amount of Each Disbursement this Period 250.00
City Camden State NJ Zip Code 08103	Purpose of Disbursement Field 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) ▼	

C. Full Name (Last, First, Middle Initial) Ariel Marrero		Transaction ID: 30b-16-01721-01757 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 1126 3rd St.		Amount of Each Disbursement this Period 250.00
City Camden State NJ Zip Code 08103	Purpose of Disbursement Field 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	750.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Jorge Pena Full Name (Last, First, Middle Initial) Mailing Address 2118 New South St. City Camden State NJ Zip Code 08105 Purpose of Disbursement Field 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: 30b-16-01722-01758 Date of Disbursement: M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5 Amount of Each Disbursement this Period 250.00 Category/Type
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B. David Morales Full Name (Last, First, Middle Initial) Mailing Address 1803 Centennial Village City Camden State NJ Zip Code 08105 Purpose of Disbursement Field 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: 30b-16-01725-01761 Date of Disbursement: M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5 Amount of Each Disbursement this Period 250.00 Category/Type
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C. Anuj Ajwani Full Name (Last, First, Middle Initial) Mailing Address 106 Maple Hill Drive. City Woodbridge State NJ Zip Code 07095 Purpose of Disbursement Field 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: 30b-16-01726-01762 Date of Disbursement: M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5 Amount of Each Disbursement this Period 120.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	620.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 64 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Marthy Albellera		Transaction ID: 30b-16-01727-01763 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5	
Mailing Address 740 Roessner Dr		Amount of Each Disbursement this Period 180.00	
City Union State NJ Zip Code 07083	Purpose of Disbursement Field 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) ▼		

Full Name (Last, First, Middle Initial) B. Jude Bernales		Transaction ID: 30b-16-01729-01765 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5	
Mailing Address 1955 Mountainview Ave		Amount of Each Disbursement this Period 360.00	
City Union State NJ Zip Code 07083	Purpose of Disbursement Field 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) ▼		

Full Name (Last, First, Middle Initial) C. Akhil Bhalla		Transaction ID: 30b-16-01730-01766 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5	
Mailing Address 2 Bayhill Ct		Amount of Each Disbursement this Period 120.00	
City Blackwood State NJ Zip Code 08012	Purpose of Disbursement Field 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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	660.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 65 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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)
New Jersey Democratic State Committee

A. Priya Chadha Full Name (Last, First, Middle Initial) Mailing Address 51 Kelly Way City Monmouth Jun State NJ Zip Code 08852 Purpose of Disbursement Field 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: 30b-16-01732-01768 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 72.00 Category/Type
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B. Carmen DeGuzman Full Name (Last, First, Middle Initial) Mailing Address 107 Surrey Rd City Voorhees State NJ Zip Code 08043 Purpose of Disbursement Field 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: 30b-16-01733-01769 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 120.00 Category/Type
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C. Daniel DeJesus Full Name (Last, First, Middle Initial) Mailing Address 128 Green St City Somerville State NJ Zip Code 08876 Purpose of Disbursement Field 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: 30b-16-01734-01770 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 300.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	492.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 66 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Edward Kerr Full Name (Last, First, Middle Initial) Mailing Address 286 Seaview Ave City Jersey City State NJ Zip Code 07305 Purpose of Disbursement Field 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: 30b-16-01737-01773 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 180.00 Category/Type
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B. Mike Lagdameo Full Name (Last, First, Middle Initial) Mailing Address 1873 Portsmouth Way City Union State NJ Zip Code 07083 Purpose of Disbursement Field 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: 30b-16-01740-01776 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 240.00 Category/Type
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C. Jeffrey Lalicon Full Name (Last, First, Middle Initial) Mailing Address 30 Conerly Rd City Somerset State NJ Zip Code 08875 Purpose of Disbursement Field 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: 30b-16-01741-01777 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 300.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶

720.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 67 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Ace F. Laluces		Transaction ID: 30b-16-01742-01778 Date of Disbursement 11 / 04 / 2005	
Mailing Address 477 Clark Place		Amount of Each Disbursement this Period 360.00	
City Union State NJ Zip Code 07083	Purpose of Disbursement Field 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) ▼		

Full Name (Last, First, Middle Initial) B. Hezron F. Laluces		Transaction ID: 30b-16-01743-01779 Date of Disbursement 11 / 04 / 2005	
Mailing Address 477 Clark Place		Amount of Each Disbursement this Period 120.00	
City Union State NJ Zip Code 07083	Purpose of Disbursement Field 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) ▼		

Full Name (Last, First, Middle Initial) C. Timothy K. Medina		Transaction ID: 30b-16-01745-01781 Date of Disbursement 11 / 04 / 2005	
Mailing Address 6 Everton Drive		Amount of Each Disbursement this Period 240.00	
City East Brunswick State NJ Zip Code 08816	Purpose of Disbursement Field 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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	720.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 68 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Renato Pagaduan, Jr		Transaction ID: 30b-16-01747-01783 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 2431 North 3rd St		Amount of Each Disbursement this Period 240.00
City Union State NJ Zip Code 07083	Purpose of Disbursement Field 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) ▼	

Full Name (Last, First, Middle Initial) B. Carmen Salem		Transaction ID: 30b-16-01749-01785 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 701 Mt Prospect Ave		Amount of Each Disbursement this Period 252.00
City Newark State NJ Zip Code 07102	Purpose of Disbursement Field 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) ▼	

Full Name (Last, First, Middle Initial) C. Harold Soliven		Transaction ID: 30b-16-01750-01786 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 157 New Dover Rd		Amount of Each Disbursement this Period 180.00
City Edison State NJ Zip Code 08820	Purpose of Disbursement Field 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	672.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 69 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Rosanna Tanghal Full Name (Last, First, Middle Initial) Mailing Address 7 Heinrich Rd City Somerset State NJ Zip Code 08873 Purpose of Disbursement Field 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: 30b-16-01752-01788 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 120.00 Category/Type
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B. Rebecca Torng Full Name (Last, First, Middle Initial) Mailing Address 10 Lenape Trail City Branchburg State NJ Zip Code 08876 Purpose of Disbursement Field 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: 30b-16-01753-01789 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 192.00 Category/Type
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C. Renato Valenzuela Full Name (Last, First, Middle Initial) Mailing Address 219 Summit Rd City Elizabeth State NJ Zip Code 07208 Purpose of Disbursement Field 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: 30b-16-01755-01791 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 240.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	552.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 70 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Eduardo Whitt Full Name (Last, First, Middle Initial) Mailing Address 2523 Standish Ave City Union State NJ Zip Code 07083 Purpose of Disbursement Field 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: 30b-16-01756-01792 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 240.00 Category/Type
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B. Boris Zaydel Full Name (Last, First, Middle Initial) Mailing Address 5 Armstrong Ave City Wayne State NJ Zip Code 07470 Purpose of Disbursement Field 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: 30b-16-01757-01793 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 300.00 Category/Type
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C. William Carosia Full Name (Last, First, Middle Initial) Mailing Address 117 S. Thoreau Terrace City Galloway State NJ Zip Code 08025 Purpose of Disbursement Field 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: 30b-16-01769-01805 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 40.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	580.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Aflatoon Kawsar		Transaction ID: 30b-16-01771-01807 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 31 N Stenton PI #4		Amount of Each Disbursement this Period 80.00
City Atlantic City State NJ Zip Code 08401	Purpose of Disbursement Field 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) ▼	Category/Type

Full Name (Last, First, Middle Initial) B. Kelli Kelsey		Transaction ID: 30b-16-01772-01808 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 101 Boarkwalk #514		Amount of Each Disbursement this Period 102.00
City Atlantic City State NJ Zip Code 08401	Purpose of Disbursement Field 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) ▼	Category/Type

Full Name (Last, First, Middle Initial) C. George Richardson		Transaction ID: 30b-16-01775-01811 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 321 S. Zenia Ave		Amount of Each Disbursement this Period 180.00
City Galloway State NJ Zip Code 08205	Purpose of Disbursement Field 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) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	362.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Jill Fuhrmann		Transaction ID: 30b-16-01780-01816 Date of Disbursement <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/>
Mailing Address 4 Fieldstone Dr.		Amount of Each Disbursement this Period <input type="text" value="40.00"/>
City Lebanon State NJ Zip Code 08833	Purpose of Disbursement Field Consulting Candidate Name <input type="text"/> 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) Steve MacMillan		Transaction ID: 30b-16-01781-01817 Date of Disbursement <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/>
Mailing Address 8 Village Green Apt C		Amount of Each Disbursement this Period <input type="text" value="105.00"/>
City Budd Lake State NJ Zip Code 07828	Purpose of Disbursement Field Consulting Candidate Name <input type="text"/> 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) Richard Tenuto		Transaction ID: 30b-16-01782-01818 Date of Disbursement <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/>
Mailing Address 1002 S. 2nd St		Amount of Each Disbursement this Period <input type="text" value="100.00"/>
City Philadelphia State PA Zip Code 19147	Purpose of Disbursement Field Consulting Candidate Name <input type="text"/> 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	<input type="text" value="245.00"/>
TOTAL This Period (last page this line number only) ▶	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 73 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. William Tenuto		Transaction ID: 30b-16-01783-01819 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 63 Broad St., #1A		Amount of Each Disbursement this Period 120.00
City Flemington State NJ Zip Code 08822	Purpose of Disbursement Field 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) ▼	

Full Name (Last, First, Middle Initial) B. Ellen Jordan		Transaction ID: 30b-16-01784-01820 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 8 Tomahawk Trail		Amount of Each Disbursement this Period 35.00
City Wantage State NJ Zip Code 07461	Purpose of Disbursement Field 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) ▼	

Full Name (Last, First, Middle Initial) C. Alex Lang		Transaction ID: 30b-16-01785-01821 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 326 Rt 661		Amount of Each Disbursement this Period 170.00
City Blirstown State NJ Zip Code 07825	Purpose of Disbursement Field 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	325.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

PAGE 74 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

<p>A. Full Name (Last, First, Middle Initial) Lauren Roy</p>		<p>Transaction ID: 30b-16-01786-01822 Date of Disbursement</p>
<p>Mailing Address 254 Long Meadow Road</p>		<p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/></p>
<p>City Kinnelon State NJ Zip Code 07405</p>	<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="50.00"/></p>	
<p>Purpose of Disbursement Field Consulting</p>	<p><input type="text" value=""/></p>	
<p>Candidate Name</p>	<p>Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>State: District:</p>		

<p>B. Full Name (Last, First, Middle Initial) Adam Longoria</p>		<p>Transaction ID: 30b-16-01787-01823 Date of Disbursement</p>
<p>Mailing Address 400 Jefferson St</p>		<p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/></p>
<p>City Hackettstown State NJ Zip Code 07840</p>	<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="95.00"/></p>	
<p>Purpose of Disbursement Field Consulting</p>	<p><input type="text" value=""/></p>	
<p>Candidate Name</p>	<p>Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>State: District:</p>		

<p>C. Full Name (Last, First, Middle Initial) Deron Phillips</p>		<p>Transaction ID: 30b-16-01788-01824 Date of Disbursement</p>
<p>Mailing Address 400 Jefferson St</p>		<p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/></p>
<p>City Hackettstown State NJ Zip Code 07840</p>	<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="145.00"/></p>	
<p>Purpose of Disbursement Field Consulting</p>	<p><input type="text" value=""/></p>	
<p>Candidate Name</p>	<p>Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>State: District:</p>		

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="290.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text" value=""/></p>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 75 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Angel Alamo		Transaction ID: 30b-16-01792-01828 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 891 N. 27th St.		Amount of Each Disbursement this Period 32.50
City Camden State NJ Zip Code 08105	Purpose of Disbursement Field Consulting Candidate Name 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:		

Full Name (Last, First, Middle Initial) B. Daniel Beller		Transaction ID: 30b-16-01793-01829 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 1807 Fireside Ln.		Amount of Each Disbursement this Period 60.00
City Cherry Hill State NJ Zip Code 08003	Purpose of Disbursement Field Consulting Candidate Name 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:		

Full Name (Last, First, Middle Initial) C. Norris Blackwell		Transaction ID: 30b-16-01794-01830 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 1036 Hazelwood		Amount of Each Disbursement this Period 260.00
City Philadelphia State PA Zip Code 19151	Purpose of Disbursement Field Consulting Candidate Name 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) ▶	352.50
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 76 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Julie Blust		Transaction ID: 30b-16-01795-01831 Date of Disbursement MM / DD / YYYY 11 / 04 / 2005
Mailing Address 1241 S. Carlisle St.		Amount of Each Disbursement this Period 152.59
City Philadelphia State PA Zip Code 19146	Purpose of Disbursement Field Consulting 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) ▼	

Full Name (Last, First, Middle Initial) B. Harold Brotman		Transaction ID: 30b-16-01796-01832 Date of Disbursement MM / DD / YYYY 11 / 04 / 2005
Mailing Address 309 Iris Rd.		Amount of Each Disbursement this Period 30.00
City Cherry Hill State NJ Zip Code 08003	Purpose of Disbursement Field 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) ▼	

Full Name (Last, First, Middle Initial) C. Amanda Brown		Transaction ID: 30b-16-01797-01833 Date of Disbursement MM / DD / YYYY 11 / 04 / 2005
Mailing Address 2932 Roydon St.		Amount of Each Disbursement this Period 60.00
City Camden State NJ Zip Code 08105	Purpose of Disbursement Field 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	242.59
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 77 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. James Cicalese Full Name (Last, First, Middle Initial) Mailing Address 212 Cardinal Dr. City Bellmawr State NJ Zip Code 08031 Purpose of Disbursement Field 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: 30b-16-01799-01835 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 177.00 Category/Type
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B. Sharon Coleman Full Name (Last, First, Middle Initial) Mailing Address 16 Hollowell Way City Mount Laurel State NJ Zip Code 08054 Purpose of Disbursement Field 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: 30b-16-01800-01836 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 18.00 Category/Type
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C. David Cornish Full Name (Last, First, Middle Initial) Mailing Address 2947 Columbia City Bensalem State PA Zip Code 19020 Purpose of Disbursement Field 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: 30b-16-01801-01837 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 90.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	285.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 78 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. David Cornish Full Name (Last, First, Middle Initial) Mailing Address 2947 Columbia City Bensalem State PA Zip Code 19020 Purpose of Disbursement Field 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: 30b-16-01802-01838 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 84.50 Category/Type
--	--	--

B. Grace Crosby Full Name (Last, First, Middle Initial) Mailing Address 61 Villinova Ct. City Sicklerville State NJ Zip Code 08081 Purpose of Disbursement Field 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: 30b-16-01803-01839 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 165.00 Category/Type
--	--	---

C. Marie deYoung Full Name (Last, First, Middle Initial) Mailing Address 4 Owen Ave. Apt. 5 City Lansdowne State PA Zip Code 19050 Purpose of Disbursement Field 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: 30b-16-01806-01842 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 18.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	267.50
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 79 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Marie deYoung		Transaction ID: 30b-16-01807-01843 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 4 Owen Ave. Apt. 5		Amount of Each Disbursement this Period 39.00
City Lansdowne State PA Zip Code 19050	Purpose of Disbursement Field 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) ▼

Full Name (Last, First, Middle Initial) B. Ebony Dingle		Transaction ID: 30b-16-01808-01844 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 17 Elbow Lane		Amount of Each Disbursement this Period 66.00
City Malvern State PA Zip Code 19122	Purpose of Disbursement Field 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) ▼

Full Name (Last, First, Middle Initial) C. Ivan Ellison		Transaction ID: 30b-16-01810-01846 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 1712 Willow Place		Amount of Each Disbursement this Period 126.00
City Clementon State NJ Zip Code 08021	Purpose of Disbursement Field 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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	231.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 80 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Ivan Ellison		Transaction ID: 30b-16-01811-01847 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 1712 Willow Place		Amount of Each Disbursement this Period 136.50
City State Zip Code Clementon NJ 08021	Purpose of Disbursement Field 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) ▼	

B. Full Name (Last, First, Middle Initial) Trishtan Ellison		Transaction ID: 30b-16-01812-01848 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 1712 Willow Place		Amount of Each Disbursement this Period 126.00
City State Zip Code Clementon NJ 08021	Purpose of Disbursement Field 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) ▼	

C. Full Name (Last, First, Middle Initial) Steve Flatley		Transaction ID: 30b-16-01814-01850 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 121 Harrogate Dr.		Amount of Each Disbursement this Period 68.25
City State Zip Code Lumberton NJ 08049	Purpose of Disbursement Field 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	330.75
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 81 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Danielle Garcia		Transaction ID: 30b-16-01816-01852 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 1141 Sheridan Ave.		Amount of Each Disbursement this Period 66.00
City Bellmawr State NJ Zip Code 08031	Purpose of Disbursement Field 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) ▼	

Full Name (Last, First, Middle Initial) B. Dollie Gates		Transaction ID: 30b-16-01817-01853 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 801 Cooper Landing Rd		Amount of Each Disbursement this Period 219.00
City Cherry Hill State NJ Zip Code 08034	Purpose of Disbursement Field 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) ▼	

Full Name (Last, First, Middle Initial) C. Danny Hanson		Transaction ID: 30b-16-01822-01858 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 22 Willow Ridge Rd.		Amount of Each Disbursement this Period 133.03
City Marlton State NJ Zip Code 08053	Purpose of Disbursement Field Consulting 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	418.03
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 82 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. India Hyman		Transaction ID: 30b-16-01825-01861 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 321 Evshan E. Ave.		Amount of Each Disbursement this Period 113.75
City Magnolia State NJ Zip Code 08049	Category/ Type	
Purpose of Disbursement Field 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) ▼	

Full Name (Last, First, Middle Initial) B. Enriquillo Jose		Transaction ID: 30b-16-01829-01865 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 358 Morse St		Amount of Each Disbursement this Period 133.03
City Camden State NJ Zip Code 08105	Category/ Type	
Purpose of Disbursement Field Consulting Services		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Kirk Kerrin		Transaction ID: 30b-16-01832-01868 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 103 ColtsNeck Dr.		Amount of Each Disbursement this Period 412.75
City Sicklerville State NJ Zip Code 08083	Category/ Type	
Purpose of Disbursement Field 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	659.53
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 83 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Ashiq Khondker		Transaction ID: 30b-16-01833-01869 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 2011 S. Juniper St.		Amount of Each Disbursement this Period 66.00
City Philadelphia State PA Zip Code 19148	Category/ Type	
Purpose of Disbursement Field 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) ▼	

Full Name (Last, First, Middle Initial) B. Rita Kolodny		Transaction ID: 30b-16-01834-01870 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 707 Kings Croft		Amount of Each Disbursement this Period 306.00
City Cherry Hill State NJ Zip Code 08034	Category/ Type	
Purpose of Disbursement Field 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) ▼	

Full Name (Last, First, Middle Initial) C. Jeff Kramer		Transaction ID: 30b-16-01836-01872 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 10 Canterbury Ct.		Amount of Each Disbursement this Period 168.00
City Marlton State NJ Zip Code 08053	Category/ Type	
Purpose of Disbursement Field 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	540.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 84 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Jason Krisch		Transaction ID: 30b-16-01837-01873 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 541 Malibu Dr.		Amount of Each Disbursement this Period 54.00
City Magnolia State NJ Zip Code 08049	Purpose of Disbursement Field 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) ▼

B. Full Name (Last, First, Middle Initial) Ana Luna		Transaction ID: 30b-16-01840-01876 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 155 N 32nd St		Amount of Each Disbursement this Period 537.00
City Camden State NJ Zip Code 08105	Purpose of Disbursement Field 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) ▼

C. Full Name (Last, First, Middle Initial) Jim Lynch		Transaction ID: 30b-16-01841-01877 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 914 Cropwell Road		Amount of Each Disbursement this Period 213.00
City Cherry Hill State NJ Zip Code 08002	Purpose of Disbursement Field 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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	804.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 85 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Stephen MacNeir		Transaction ID: 30b-16-01842-01878 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 2612 Gladwyn Ave.		Amount of Each Disbursement this Period 66.00
City Pennsauken State NJ Zip Code 08109	Purpose of Disbursement Field 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) ▼

B. Full Name (Last, First, Middle Initial) Jessica Maister		Transaction ID: 30b-16-01843-01879 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 1807 Fireside Ln.		Amount of Each Disbursement this Period 54.00
City Cherry Hill State NJ Zip Code 08003	Purpose of Disbursement Field 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) ▼

C. Full Name (Last, First, Middle Initial) Nicole Marks		Transaction ID: 30b-16-01844-01880 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 1158 Lucille Ave.		Amount of Each Disbursement this Period 29.25
City Bellmawr State NJ Zip Code 00001	Purpose of Disbursement Field 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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	149.25
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 86 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Tamara G. Marsh		Transaction ID: 30b-16-01845-01881 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5	
Mailing Address 3623 Fremont Ave.		Amount of Each Disbursement this Period 390.00	
City Camden State NJ Zip Code 08105	Purpose of Disbursement Field Consulting	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	State: District:		

Full Name (Last, First, Middle Initial) B. Deborah McAneny		Transaction ID: 30b-16-01846-01882 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5	
Mailing Address 34 Appletree Ln.		Amount of Each Disbursement this Period 156.00	
City Sewell State NJ Zip Code 08080	Purpose of Disbursement Field Consulting	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	State: District:		

Full Name (Last, First, Middle Initial) C. Maureen McGowan		Transaction ID: 30b-16-01847-01883 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5	
Mailing Address 125 Kathleen Ave.		Amount of Each Disbursement this Period 140.85	
City Delran State NJ Zip Code 08075	Purpose of Disbursement Field Consulting	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	686.85
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 87 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Shoshana Milovsky		Transaction ID: 30b-16-01849-01885 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 1741 Frank Waldo Rd.		Amount of Each Disbursement this Period 126.00
City Waterford State NJ Zip Code 08089	Purpose of Disbursement Field 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) ▼	

Full Name (Last, First, Middle Initial) B. Amanda Morninghoff		Transaction ID: 30b-16-01850-01886 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 1309 Poplar Ave		Amount of Each Disbursement this Period 132.00
City Voorhees State NJ Zip Code 08043	Purpose of Disbursement Field 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) ▼	

Full Name (Last, First, Middle Initial) C. Phillipe Nguyen		Transaction ID: 30b-16-01851-01887 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 510 Dwight Ave		Amount of Each Disbursement this Period 63.00
City Collingswood State NJ Zip Code 08108	Purpose of Disbursement Field 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	321.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 88 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Alexander Olivas		Transaction ID: 30b-16-01852-01888 Date of Disbursement 11 / 04 / 2005
Mailing Address 1023 N 33rd St		Amount of Each Disbursement this Period 249.00
City Camden State NJ Zip Code 08105	Purpose of Disbursement Field 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Denise Olson		Transaction ID: 30b-16-01853-01889 Date of Disbursement 11 / 04 / 2005
Mailing Address 111 Troy Ave.		Amount of Each Disbursement this Period 57.00
City Bellmawr State NJ Zip Code 08031	Purpose of Disbursement Field 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Michael Olson		Transaction ID: 30b-16-01854-01890 Date of Disbursement 11 / 04 / 2005
Mailing Address 111 Troy Ave.		Amount of Each Disbursement this Period 29.25
City Bellmawr State NJ Zip Code 08031	Purpose of Disbursement Field 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) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	335.25
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 89 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Paul Olszewski		Transaction ID: 30b-16-01855-01891 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5	
Mailing Address 321 Huntington Ave		Amount of Each Disbursement this Period 66.00	
City Glendora State NJ Zip Code 08029	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ryan Papandrea		Transaction ID: 30b-16-01857-01893 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5	
Mailing Address 140 Birch Dr.		Amount of Each Disbursement this Period 66.00	
City Levittown State PA Zip Code 19054	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Cyndi Pitt		Transaction ID: 30b-16-01859-01895 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5	
Mailing Address 3208 H St.		Amount of Each Disbursement this Period 312.00	
City Philadelphia State PA Zip Code 19134	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	444.00
TOTAL This Period (last page this line number only) ▶	444.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 90 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Monna M. Provost		Transaction ID: 30b-16-01860-01896 Date of Disbursement 11 / 04 / 2005	
Mailing Address 14 Merion Terr.		Amount of Each Disbursement this Period 61.75	
City Collingswood State NJ Zip Code 08108	Purpose of Disbursement Field 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) ▼		

Full Name (Last, First, Middle Initial) B. Lakena Quest		Transaction ID: 30b-16-01861-01897 Date of Disbursement 11 / 04 / 2005	
Mailing Address 5518 Woodland Ave. Apt1		Amount of Each Disbursement this Period 94.25	
City Philadelphia State PA Zip Code 19102	Purpose of Disbursement Field 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) ▼		

Full Name (Last, First, Middle Initial) C. Julia Ramsey		Transaction ID: 30b-16-01862-01898 Date of Disbursement 11 / 04 / 2005	
Mailing Address 25 Crescent Ln.		Amount of Each Disbursement this Period 164.33	
City Levittown State PA Zip Code 19055	Purpose of Disbursement Field Consulting 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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	320.33
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 91 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Nick Ramsey Full Name (Last, First, Middle Initial) Nick Ramsey Mailing Address 25 Crescent Ln. City Levittown State PA Zip Code 19055 Purpose of Disbursement Field 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: 30b-16-01863-01899 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 219.00 Category/Type
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B. Lateisha Roberson Full Name (Last, First, Middle Initial) Lateisha Roberson Mailing Address 2512 N. 12th St. City Philadelphia State PA Zip Code 19133 Purpose of Disbursement Field 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: 30b-16-01864-01900 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 66.00 Category/Type
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C. Consuelo Rodriguez Full Name (Last, First, Middle Initial) Consuelo Rodriguez Mailing Address 5331 Mansion Blvd. City Merchantville State NJ Zip Code 08109 Purpose of Disbursement Field 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: 30b-16-01866-01902 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 330.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	615.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 92 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Anthony Russo		Transaction ID: 30b-16-01867-01903 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5	
Mailing Address 27 Charles Ln.		Amount of Each Disbursement this Period 42.00	
City Sewell State NJ Zip Code 08080	Purpose of Disbursement Field 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) ▼
Full Name (Last, First, Middle Initial) B. Jared Schultz			

Mailing Address 3208 H St.		Transaction ID: 30b-16-01868-01904 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5	
City Philadelphia State PA Zip Code 19134		Amount of Each Disbursement this Period 312.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Purpose of Disbursement Field Consulting Candidate Name Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Shaterah Brown			

Mailing Address 33 Commercial Ave		Transaction ID: 30b-16-01877-01913 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5	
City New Brunswick State NJ Zip Code 08873		Amount of Each Disbursement this Period 216.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Purpose of Disbursement Field Consulting Candidate Name Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Full Name (Last, First, Middle Initial) (Empty)			

SUBTOTAL of Disbursements This Page (optional) ▶	570.00
TOTAL This Period (last page this line number only) ▶	(Empty)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 93 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Sirjode Character Full Name (Last, First, Middle Initial) Mailing Address 813 Coventry Ln City Somerset State NJ Zip Code 08873 Purpose of Disbursement: Field 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: 30b-16-01878-01914 Date of Disbursement: M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5 Amount of Each Disbursement this Period: 60.00 Category/Type
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B. DaShun Cathcart Full Name (Last, First, Middle Initial) Mailing Address 34479 RPO Wy City New Brunswick State NJ Zip Code 08901 Purpose of Disbursement: Field 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: 30b-16-01879-01915 Date of Disbursement: M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5 Amount of Each Disbursement this Period: 66.00 Category/Type
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C. Anisha Datwani Full Name (Last, First, Middle Initial) Mailing Address 10544 LPO Wy City Piscataway State NJ Zip Code 08854 Purpose of Disbursement: Field 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: 30b-16-01880-01916 Date of Disbursement: M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5 Amount of Each Disbursement this Period: 162.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	288.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 94 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Jennifer Falchook		Transaction ID: 30b-16-01882-01918 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 229 Davis Ave		Amount of Each Disbursement this Period 240.00
City New Brunswick State NJ Zip Code 08901	Purpose of Disbursement Field 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) ▼

B. Full Name (Last, First, Middle Initial) Michael Gerson		Transaction ID: 30b-16-01884-01920 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 2 Rogers Circle		Amount of Each Disbursement this Period 126.00
City East Brunswick State NJ Zip Code 08816	Purpose of Disbursement Field 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) ▼

C. Full Name (Last, First, Middle Initial) Imani Gordon		Transaction ID: 30b-16-01886-01922 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 323 Somerset St.		Amount of Each Disbursement this Period 132.00
City New Brunswick State NJ Zip Code 08901	Purpose of Disbursement Field 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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	498.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 95 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Karmiel Jackson		Transaction ID: 30b-16-01888-01924 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 447 Somerset St		Amount of Each Disbursement this Period 468.00
City Franklin State NJ Zip Code 08873	Purpose of Disbursement Field 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) ▼	

B. Full Name (Last, First, Middle Initial) Abigail Julian		Transaction ID: 30b-16-01890-01926 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 808 Benner St.		Amount of Each Disbursement this Period 66.00
City Highland Park State NJ Zip Code 08904	Purpose of Disbursement Field 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) ▼	

C. Full Name (Last, First, Middle Initial) Joshua Knee		Transaction ID: 30b-16-01894-01930 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 73 Plum St.		Amount of Each Disbursement this Period 186.00
City New Brunswick State NJ Zip Code 08901	Purpose of Disbursement Field 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	720.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 96 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Steve Lenox		Transaction ID: 30b-16-01898-01934 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5	
Mailing Address 29 Front St		Amount of Each Disbursement this Period 672.00	
City Jamesburg State NJ Zip Code 08831	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	State: District:		

B. Full Name (Last, First, Middle Initial) Jonah Lipman-Stern		Transaction ID: 30b-16-01899-01935 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5	
Mailing Address 512 S. Sceond Ave		Amount of Each Disbursement this Period 198.00	
City Highland Park State NJ Zip Code 08904	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	State: District:		

C. Full Name (Last, First, Middle Initial) Nimrah Malik		Transaction ID: 30b-16-01900-01936 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5	
Mailing Address 7 Jenna Ln		Amount of Each Disbursement this Period 60.00	
City Edison State NJ Zip Code 08817	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	State: District:		

SUBTOTAL of Disbursements This Page (optional)

930.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 97 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Harold Soliven		Transaction ID: 30b-16-01915-01951 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 157 New Dover Rd		Amount of Each Disbursement this Period 60.00
City Edison State NJ Zip Code 08820	Purpose of Disbursement Field 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) ▼	Category/ Type

B. Full Name (Last, First, Middle Initial) Tania Sousa		Transaction ID: 30b-16-01916-01952 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 75 William St.		Amount of Each Disbursement this Period 198.00
City Long Branch State NJ Zip Code 07740	Purpose of Disbursement Field 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) ▼	Category/ Type

C. Full Name (Last, First, Middle Initial) Jenny Suh		Transaction ID: 30b-16-01920-01956 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 30 Harmony Ln		Amount of Each Disbursement this Period 264.00
City Wayne State NJ Zip Code 07470	Purpose of Disbursement Field 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) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ► **522.00**

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 98 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Tahoorah Syed		Transaction ID: 30b-16-01921-01957 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5	
Mailing Address 24 Aspen Dr.		Amount of Each Disbursement this Period 60.00	
City North Brunswick State NJ Zip Code 08902	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Vincent Troyani		Transaction ID: 30b-16-01923-01959 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5	
Mailing Address 122 Donaldson St.		Amount of Each Disbursement this Period 390.00	
City Highland Park State NJ Zip Code 08904	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Courtney Tyner		Transaction ID: 30b-16-01924-01960 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5	
Mailing Address 512 S. Sceond Ave		Amount of Each Disbursement this Period 132.00	
City Highland Park State NJ Zip Code 08904	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	582.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 99 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Kenneth Woods		Transaction ID: 30b-16-01927-01963 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 382 Dryden St.		Amount of Each Disbursement this Period 408.00
City Piscataway	State NJ	
Zip Code 08854		Category/ Type
Purpose of Disbursement Field Consulting		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. Nwamaka Achebe		Transaction ID: 30b-16-01929-01965 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 160 Nebula Rd		Amount of Each Disbursement this Period 180.00
City Piscataway	State NJ	
Zip Code 08854		Category/ Type
Purpose of Disbursement Field Consulting		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) C. Isaac Aku, Jr.		Transaction ID: 30b-16-01930-01966 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 7 High St.		Amount of Each Disbursement this Period 192.00
City New Brunswick	State NJ	
Zip Code 08901		Category/ Type
Purpose of Disbursement Field Consulting		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶	780.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

PAGE 100 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Michael Anis		Transaction ID: 30b-16-01932-01968 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5	
Mailing Address 45 Lahiere Ave		Amount of Each Disbursement this Period 426.00	
City Edison State NJ Zip Code 08817	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Liza Arch		Transaction ID: 30b-16-01933-01969 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5	
Mailing Address 70 Juliet St.		Amount of Each Disbursement this Period 318.00	
City New Brunswick State NJ Zip Code 08901	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Vladimir Aveno		Transaction ID: 30b-16-01934-01970 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5	
Mailing Address 11190 LPO		Amount of Each Disbursement this Period 330.00	
City Piscataway State NJ Zip Code 08854	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1074.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 101 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Alex Bernardini		Transaction ID: 30b-16-01937-01973 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5	
Mailing Address 20 West Morris Ave		Amount of Each Disbursement this Period 216.00	
City Belford	State NJ	Zip Code 07718	Category/ Type
Purpose of Disbursement Field Consulting			
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) B. Stephen Birmingham		Transaction ID: 30b-16-01939-01975 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5	
Mailing Address 8 Milliken Rd		Amount of Each Disbursement this Period 868.00	
City Sayerville	State NJ	Zip Code 08872	Category/ Type
Purpose of Disbursement Field Consulting			
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) C. Antonio Bowser		Transaction ID: 30b-16-01940-01976 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5	
Mailing Address 5 Clifton St.		Amount of Each Disbursement this Period 672.00	
City Somerset	State NJ	Zip Code 08873	Category/ Type
Purpose of Disbursement Field Consulting			
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	1756.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 102 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. William Brier		Transaction ID: 30b-16-01941-01977 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 18 Norman St.		Amount of Each Disbursement this Period 66.00
City Edison State NJ Zip Code 08817	Purpose of Disbursement Field 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) ▼	

Full Name (Last, First, Middle Initial) B. Nathan Carter		Transaction ID: 30b-16-01942-01978 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 17 Comstock St.		Amount of Each Disbursement this Period 357.00
City New Brunswick State NJ Zip Code 08901	Purpose of Disbursement Field 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) ▼	

Full Name (Last, First, Middle Initial) C. Wesley Carter		Transaction ID: 30b-16-01943-01979 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 232 Shirley Prkw		Amount of Each Disbursement this Period 777.00
City Piscataway State NJ Zip Code 08854	Purpose of Disbursement Field 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1200.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 103 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Salma Chand		Transaction ID: 30b-16-01944-01980 Date of Disbursement 11 / 04 / 2005	
Mailing Address 1355 Carlisle Rd		Amount of Each Disbursement this Period 60.00	
City North Brunswick State NJ Zip Code 08902	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Usman Chaudhry		Transaction ID: 30b-16-01945-01981 Date of Disbursement 11 / 04 / 2005	
Mailing Address 16538 Cpo Wy		Amount of Each Disbursement this Period 360.00	
City New Brunswick State NJ Zip Code 08901	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jonathan Collado		Transaction ID: 30b-16-01946-01982 Date of Disbursement 11 / 04 / 2005	
Mailing Address 677 Wood Ave		Amount of Each Disbursement this Period 132.00	
City North Brunswick State NJ Zip Code 08902	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	552.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 104 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Jon Cooper		Transaction ID: 30b-16-01947-01983 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 100 Hoffman Blvd		Amount of Each Disbursement this Period 390.00
City New Brunswick State NJ Zip Code 08901	Purpose of Disbursement Field 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) ▼

Full Name (Last, First, Middle Initial) B. Charles Copeland		Transaction ID: 30b-16-01948-01984 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 52 Cinnaman Rd		Amount of Each Disbursement this Period 192.00
City Thorofove State NJ Zip Code 08086	Purpose of Disbursement Field 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) ▼

Full Name (Last, First, Middle Initial) C. Daniel Cremin		Transaction ID: 30b-16-01949-01985 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 345 Daniel St		Amount of Each Disbursement this Period 198.00
City Dover State NJ Zip Code 07801	Purpose of Disbursement Field 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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	780.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 105 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Tandar Darwarzai		Transaction ID: 30b-16-01950-01986 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 1522 Cornell Ave		Amount of Each Disbursement this Period 66.00
City Hamilton State NJ Zip Code 08609	Purpose of Disbursement Field 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) ▼

Full Name (Last, First, Middle Initial) B. Amir Dawud		Transaction ID: 30b-16-01952-01988 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 190 Remsen Ave		Amount of Each Disbursement this Period 318.00
City New Brunswick State NJ Zip Code 08901	Purpose of Disbursement Field 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) ▼

Full Name (Last, First, Middle Initial) C. Alexander Delmouzou		Transaction ID: 30b-16-01953-01989 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 73 Plum St.		Amount of Each Disbursement this Period 258.00
City North Brunswick State NJ Zip Code 08902	Purpose of Disbursement Field 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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	642.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 106 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Brian DeShields		Transaction ID: 30b-16-01954-01990 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 901 Rose Hill Pkwy		Amount of Each Disbursement this Period 60.00
City North Cape May State NJ Zip Code 08204		
Purpose of Disbursement Field Consulting		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Serge Detinich		Transaction ID: 30b-16-01955-01991 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 1612 Rt 27		Amount of Each Disbursement this Period 198.00
City North Brunswick State NJ Zip Code 08902		
Purpose of Disbursement Field Consulting		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. David Draine		Transaction ID: 30b-16-01957-01993 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 229 Shadybrook Ln		Amount of Each Disbursement this Period 804.00
City Princeton State NJ Zip Code 08540		
Purpose of Disbursement Field Consulting		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	1062.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 107 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Maria Feldman		Transaction ID: 30b-16-01959-01995 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 39 Farmhaven Ave		Amount of Each Disbursement this Period 24.00
City Edison State NJ Zip Code 08817	Purpose of Disbursement Field 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Anderson Garcia		Transaction ID: 30b-16-01962-01998 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 98 Welton St.		Amount of Each Disbursement this Period 210.00
City New Brunswick State NJ Zip Code 08901	Purpose of Disbursement Field 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Abdul Glover		Transaction ID: 30b-16-01963-01999 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 20 Abeel St.		Amount of Each Disbursement this Period 474.00
City New Brunswick State NJ Zip Code 08901	Purpose of Disbursement Field 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) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	708.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 108 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Bentee Goines		Transaction ID: 30b-16-01964-02000 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5	
Mailing Address 213 Royal Court		Amount of Each Disbursement this Period 318.00	
City Somerset State NJ Zip Code 08873	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Janice Goines		Transaction ID: 30b-16-01965-02001 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5	
Mailing Address 213 Royal Court		Amount of Each Disbursement this Period 300.00	
City Somerset State NJ Zip Code 08873	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Shakirah Goines		Transaction ID: 30b-16-01966-02002 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5	
Mailing Address 213 Royal Court		Amount of Each Disbursement this Period 132.00	
City Somerset State NJ Zip Code 08873	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	750.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 109 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Michelle Grabowski		Transaction ID: 30b-16-01967-02003 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 8 Fenwick Ave		Amount of Each Disbursement this Period 66.00
City Pennsville State NJ Zip Code 08070	Purpose of Disbursement Field 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) ▼	Category/Type

Full Name (Last, First, Middle Initial) B. Adrienne Greene		Transaction ID: 30b-16-01968-02004 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 9125 Sunset Ridge		Amount of Each Disbursement this Period 96.00
City Randals town State MD Zip Code 21133	Purpose of Disbursement Field 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) ▼	Category/Type

Full Name (Last, First, Middle Initial) C. Karen Hansen		Transaction ID: 30b-16-01969-02005 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 422 Lancaster Ct.		Amount of Each Disbursement this Period 126.00
City Piscataway State NJ Zip Code 08854	Purpose of Disbursement Field 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) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	288.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 110 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Donna White		Transaction ID: 30b-16-01970-02006 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5	
Mailing Address 100 Haffman Blvd		Amount of Each Disbursement this Period 378.00	
City New Brunswick State NJ Zip Code 08901	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Stephane Horwitz		Transaction ID: 30b-16-01972-02008 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5	
Mailing Address 5 Carter Rd		Amount of Each Disbursement this Period 132.00	
City East Brunswick State NJ Zip Code 08816	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Derek Huang		Transaction ID: 30b-16-01973-02009 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5	
Mailing Address 1120 Alessandrini Ave		Amount of Each Disbursement this Period 132.00	
City New Milford State NJ Zip Code 07646	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	642.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 111 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Thomas Hull Full Name (Last, First, Middle Initial) Mailing Address 26 Traymore Rd City Freehold State NJ Zip Code 07728 Purpose of Disbursement Field 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: 30b-16-01974-02010 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 132.00 Category/Type
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B. Maurice Ingram Full Name (Last, First, Middle Initial) Mailing Address 34543 RPO Wy City New Brunswick State NJ Zip Code 08901 Purpose of Disbursement Field 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: 30b-16-01975-02011 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 198.00 Category/Type
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C. Frederick Izquierdo Full Name (Last, First, Middle Initial) Mailing Address 189 Main St. City Sayerville State NJ Zip Code 08872 Purpose of Disbursement Field 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: 30b-16-01976-02012 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 150.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶

480.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 112 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Jameelah Kareem Full Name (Last, First, Middle Initial) Mailing Address 25372 DPO Wy City New Brunswick State NJ Zip Code 08901 Purpose of Disbursement Field 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: 30b-16-01980-02016 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 66.00
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B. Fatima Khan Full Name (Last, First, Middle Initial) Mailing Address 38-A Lorraine Terrace City Boonton State NJ Zip Code 07005 Purpose of Disbursement Field 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: 30b-16-01981-02017 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 276.00
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C. Mary Klimik Full Name (Last, First, Middle Initial) Mailing Address 56 Avenel St. City Avenel State NJ Zip Code 07001 Purpose of Disbursement Field 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: 30b-16-01982-02018 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 372.00
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SUBTOTAL of Disbursements This Page (optional) ▶	714.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 113 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Sonii Kollie Full Name (Last, First, Middle Initial) Mailing Address 50 Allison Rd. City East Windsor State NJ Zip Code 08520 Purpose of Disbursement Field 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: 30b-16-01983-02019 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 186.00 Category/Type
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B. George Kostis Full Name (Last, First, Middle Initial) Mailing Address 2064 Rt. 1 North City North Brunswick State NJ Zip Code 08902 Purpose of Disbursement Field 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: 30b-16-01984-02020 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 66.00 Category/Type
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C. Shilpa Lad Full Name (Last, First, Middle Initial) Mailing Address 745 Magnolia Rd City North Brunswick State NJ Zip Code 08902 Purpose of Disbursement Field 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: 30b-16-01985-02021 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 360.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	612.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 114 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Alexis Laguna Full Name (Last, First, Middle Initial) Mailing Address 1253 Gurd Ave City Hillside State NJ Zip Code 07205 Purpose of Disbursement Field 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: 30b-16-01986-02022 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 66.00 Category/Type
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B. Janelle Lattimore Full Name (Last, First, Middle Initial) Mailing Address 76 Rockview Ave City North Plainfield State NJ Zip Code 07060 Purpose of Disbursement Field 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: 30b-16-01987-02023 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 204.00 Category/Type
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C. Freddy Ledesma Full Name (Last, First, Middle Initial) Mailing Address 30134 Rpo Way City New Brunswick State NJ Zip Code 08901 Purpose of Disbursement Field 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: 30b-16-01988-02024 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 728.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	998.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 115 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Chris Lee Full Name (Last, First, Middle Initial) Mailing Address 64 C Woodbridge Ave City Highland Park State NJ Zip Code 08904 Purpose of Disbursement Field 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: 30b-16-01989-02025 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 264.00 Category/Type
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B. Donna Lee Full Name (Last, First, Middle Initial) Mailing Address 513 Hampton Rd City New Brunswick State NJ Zip Code 08901 Purpose of Disbursement Field 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: 30b-16-01990-02026 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 348.00 Category/Type
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C. Isaac Lee Full Name (Last, First, Middle Initial) Mailing Address 320 W. Branch Ave City Pine Hill State NJ Zip Code 08021 Purpose of Disbursement Field 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: 30b-16-01991-02027 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 66.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	678.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 116 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

<p>A. Full Name (Last, First, Middle Initial) Jasmine Lewis-Ileks</p>		<p>Transaction ID: 30b-16-01992-02028 Date of Disbursement</p>	
<p>Mailing Address 78 Ceder Ln</p>		<p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/></p>	
<p>City Highland Park</p>	<p>State NJ</p>	<p>Zip Code 08904</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Field Consulting</p>		<p><input type="text" value=""/></p>	<p><input type="text" value="396.00"/></p>
<p>Candidate Name</p>		<p>Category/ Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: District:</p>			

<p>B. Full Name (Last, First, Middle Initial) Matt Listo</p>		<p>Transaction ID: 30b-16-01994-02030 Date of Disbursement</p>	
<p>Mailing Address 46 Richard Rd.</p>		<p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/></p>	
<p>City Edison</p>	<p>State NJ</p>	<p>Zip Code 08820</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Field Consulting</p>		<p><input type="text" value=""/></p>	<p><input type="text" value="132.00"/></p>
<p>Candidate Name</p>		<p>Category/ Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: District:</p>			

<p>C. Full Name (Last, First, Middle Initial) Andrew Llera</p>		<p>Transaction ID: 30b-16-01995-02031 Date of Disbursement</p>	
<p>Mailing Address 36 Abbott Rd</p>		<p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/></p>	
<p>City Somerset</p>	<p>State NJ</p>	<p>Zip Code 08857</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Field Consulting</p>		<p><input type="text" value=""/></p>	<p><input type="text" value="132.00"/></p>
<p>Candidate Name</p>		<p>Category/ Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: District:</p>			

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="660.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text" value=""/></p>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 117 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Patrick Malhotra Full Name (Last, First, Middle Initial) Mailing Address 32 Woodmere Rd City North Brunswick State NJ Zip Code 08902 Purpose of Disbursement Field 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: 30b-16-01996-02032 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 198.00 Category/Type
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B. Chiquita Malvo Full Name (Last, First, Middle Initial) Mailing Address 190 Remsen Ave City New Brunswick State NJ Zip Code 08901 Purpose of Disbursement Field 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: 30b-16-01997-02033 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 198.00 Category/Type
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C. Julio Marquez Full Name (Last, First, Middle Initial) Mailing Address 1203 8th St. City North Bergen State NJ Zip Code 07047 Purpose of Disbursement Field 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: 30b-16-01998-02034 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 186.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	582.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 118 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Eric Miller		Transaction ID: 30b-16-02004-02040 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 220 Hamilton St.		Amount of Each Disbursement this Period 132.00
City New Brunswick State NJ Zip Code 08901	Category/ Type	
Purpose of Disbursement Field 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) ▼	
B. Full Name (Last, First, Middle Initial) Lana Moy		Transaction ID: 30b-16-02006-02042 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address P.O. Box 580		Amount of Each Disbursement this Period 66.00
City Bernardsville State NJ Zip Code 07924	Category/ Type	
Purpose of Disbursement Field 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) ▼	
C. Full Name (Last, First, Middle Initial) Priscilla Negroni		Transaction ID: 30b-16-02007-02043 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 217 Liberty Ave.		Amount of Each Disbursement this Period 240.00
City Jersey City State NJ Zip Code 07306	Category/ Type	
Purpose of Disbursement Field 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	438.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 119 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Elizabeth Newnam		Transaction ID: 30b-16-02008-02044 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 495 Carranza Rd		Amount of Each Disbursement this Period 156.00
City Shamong State NJ Zip Code 08088	Purpose of Disbursement Field 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) ▼

B. Full Name (Last, First, Middle Initial) Ngam Ngangmuta		Transaction ID: 30b-16-02009-02045 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 7 High St.		Amount of Each Disbursement this Period 60.00
City New Brunswick State NJ Zip Code 08901	Purpose of Disbursement Field 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) ▼

C. Full Name (Last, First, Middle Initial) Tosam Ngangmuta		Transaction ID: 30b-16-02010-02046 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 19 Hughes Rd		Amount of Each Disbursement this Period 402.00
City Somerset State NJ Zip Code 08873	Purpose of Disbursement Field 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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	618.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 120 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Christian Nwigwe		Transaction ID: 30b-16-02011-02047 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 76 Hudson Ave		Amount of Each Disbursement this Period 66.00
City State Zip Code Maplewood NJ 07040	Purpose of Disbursement Field 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) ▼	

Full Name (Last, First, Middle Initial) B. Kunle Ogankoya		Transaction ID: 30b-16-02013-02049 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 2 Thistle Ln		Amount of Each Disbursement this Period 204.00
City State Zip Code Warren NJ 07059	Purpose of Disbursement Field 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) ▼	

Full Name (Last, First, Middle Initial) C. Matthew O'Grady		Transaction ID: 30b-16-02014-02050 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 152 Liberty St.		Amount of Each Disbursement this Period 66.00
City State Zip Code South Amboy NJ 08879	Purpose of Disbursement Field 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	336.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 121 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Emmanuel Omeni Full Name (Last, First, Middle Initial) Mailing Address 11 Charles Bossert Dr. City Bordentown State NJ Zip Code 08505 Purpose of Disbursement Field 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: 30b-16-02015-02051 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5 Amount of Each Disbursement this Period 72.00 Category/Type
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B. Ebers Ortega Full Name (Last, First, Middle Initial) Mailing Address 400 68th St. City Guttenberg State NJ Zip Code 07093 Purpose of Disbursement Field 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: 30b-16-02017-02053 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5 Amount of Each Disbursement this Period 126.00 Category/Type
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C. Brenda Parker Full Name (Last, First, Middle Initial) Mailing Address 7 Koster Blvd City New Brunswick State NJ Zip Code 08901 Purpose of Disbursement Field 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: 30b-16-02020-02056 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5 Amount of Each Disbursement this Period 450.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶

648.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 122 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Sheshang Patel Full Name (Last, First, Middle Initial) Mailing Address 37103 RPO Wy City New Brunswick State NJ Zip Code 08901 Purpose of Disbursement Field 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: 30b-16-02021-02057 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 198.00
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B. Maritza Persad Full Name (Last, First, Middle Initial) Mailing Address 37 S. 1st Ave City Highland Park State NJ Zip Code 08904 Purpose of Disbursement Field 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: 30b-16-02023-02059 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 180.00
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C. Sofia Pinto Full Name (Last, First, Middle Initial) Mailing Address 139 Elm St. City Newark State NJ Zip Code 07105 Purpose of Disbursement Field 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: 30b-16-02024-02060 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 276.00
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SUBTOTAL of Disbursements This Page (optional) ▶	654.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 123 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Alex Pippiws Full Name (Last, First, Middle Initial) Mailing Address 296 Orange St. City Newark State NJ Zip Code 07103 Purpose of Disbursement Field 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: 30b-16-02025-02061 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 264.00 Category/Type
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B. John Prignano Full Name (Last, First, Middle Initial) Mailing Address 38 Sicard St. City New Brunswick State NJ Zip Code 08901 Purpose of Disbursement Field 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: 30b-16-02026-02062 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 66.00 Category/Type
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C. Mark Ramos Full Name (Last, First, Middle Initial) Mailing Address 25 Cleremont Ave City North Brunswick State NJ Zip Code 08902 Purpose of Disbursement Field 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: 30b-16-02027-02063 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 132.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	462.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 124 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Alyssa Roberts		Transaction ID: 30b-16-02029-02065 Date of Disbursement 11 / 04 / 2005	
Mailing Address 11692 LPO Wy		Amount of Each Disbursement this Period 120.00	
City Piscataway	State NJ	Zip Code 08854	
Purpose of Disbursement Field Consulting		Category/ Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Kerron Roberts		Transaction ID: 30b-16-02030-02066 Date of Disbursement 11 / 04 / 2005	
Mailing Address 94 Guilden St.		Amount of Each Disbursement this Period 192.00	
City New Brunswick	State NJ	Zip Code 08901	
Purpose of Disbursement Field Consulting		Category/ Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Michael Robinson		Transaction ID: 30b-16-02031-02067 Date of Disbursement 11 / 04 / 2005	
Mailing Address 13 B Traphagen Rd		Amount of Each Disbursement this Period 132.00	
City Wayne	State NJ	Zip Code 07470	
Purpose of Disbursement Field Consulting		Category/ Type	
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) ▶	444.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 125 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

<p>A. Full Name (Last, First, Middle Initial) Guy Romano</p>		<p>Transaction ID: 30b-16-02032-02068 Date of Disbursement</p>	
<p>Mailing Address 216 Jackson Ave</p>		<p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/></p>	
<p>City Edison</p>	<p>State NJ</p>	<p>Zip Code 08837</p>	
<p>Purpose of Disbursement Field Consulting</p>		<p><input type="text" value=""/></p>	
<p>Candidate Name</p>		<p>Category/ Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: District:</p>			
		<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="258.00"/></p>	

<p>B. Full Name (Last, First, Middle Initial) Nessa Rosenstien</p>		<p>Transaction ID: 30b-16-02033-02069 Date of Disbursement</p>	
<p>Mailing Address 223 South Third Ave</p>		<p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/></p>	
<p>City Highland Park</p>	<p>State NJ</p>	<p>Zip Code 08904</p>	
<p>Purpose of Disbursement Field Consulting</p>		<p><input type="text" value=""/></p>	
<p>Candidate Name</p>		<p>Category/ Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: District:</p>			
		<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="198.00"/></p>	

<p>C. Full Name (Last, First, Middle Initial) James Roussos</p>		<p>Transaction ID: 30b-16-02034-02070 Date of Disbursement</p>	
<p>Mailing Address 96 Central</p>		<p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/></p>	
<p>City New Brunswick</p>	<p>State NJ</p>	<p>Zip Code 08901</p>	
<p>Purpose of Disbursement Field Consulting</p>		<p><input type="text" value=""/></p>	
<p>Candidate Name</p>		<p>Category/ Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: District:</p>			
		<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="390.00"/></p>	

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="846.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text" value=""/></p>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 126 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Lauren Russell-Pank Full Name (Last, First, Middle Initial) Mailing Address 323D. Crowels Rd. City Highland Park State NJ Zip Code 08904 Purpose of Disbursement Field 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: 30b-16-02035-02071 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5 Amount of Each Disbursement this Period 216.00 Category/Type
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B. Deanna Sieke Full Name (Last, First, Middle Initial) Mailing Address 216 Jackson Ave City Edison State NJ Zip Code 08837 Purpose of Disbursement Field 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: 30b-16-02041-02077 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5 Amount of Each Disbursement this Period 258.00 Category/Type
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C. Oba Simmonds Full Name (Last, First, Middle Initial) Mailing Address 328 Halstro St. City East Orange State NJ Zip Code 07017 Purpose of Disbursement Field 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: 30b-16-02042-02078 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5 Amount of Each Disbursement this Period 66.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	540.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 127 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Sheila Siu		Transaction ID: 30b-16-02043-02079 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5	
Mailing Address 214 Roseland Ave		Amount of Each Disbursement this Period 66.00	
City Essex Fells State NJ Zip Code 07021	Purpose of Disbursement Field 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) ▼		

Full Name (Last, First, Middle Initial) B. Kolby Stephens		Transaction ID: 30b-16-02046-02082 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5	
Mailing Address 10 Barlett St.		Amount of Each Disbursement this Period 462.00	
City New Brunswick State NJ Zip Code 08901	Purpose of Disbursement Field 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) ▼		

Full Name (Last, First, Middle Initial) C. Theresa Stultz		Transaction ID: 30b-16-02047-02083 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5	
Mailing Address 290 George St.		Amount of Each Disbursement this Period 120.00	
City New Brunswick State NJ Zip Code 08901	Purpose of Disbursement Field 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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	648.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 128 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Gayathri Suswaram		Transaction ID: 30b-16-02048-02084 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 25 Warwiell St.		Amount of Each Disbursement this Period 234.00
City Isllin State NJ Zip Code 08830	Purpose of Disbursement Field 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) ▼	

Full Name (Last, First, Middle Initial) B. Sarah Tayyab		Transaction ID: 30b-16-02049-02085 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 11 Queen Anne Dr.		Amount of Each Disbursement this Period 60.00
City Basking Ridge State NJ Zip Code 07920	Purpose of Disbursement Field 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) ▼	

Full Name (Last, First, Middle Initial) C. Michael Thomas		Transaction ID: 30b-16-02052-02088 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 4 Lafberry		Amount of Each Disbursement this Period 780.00
City New Brunswick State NJ Zip Code 08901	Purpose of Disbursement Field 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1074.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 129 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Chris Tomlinson		Transaction ID: 30b-16-02055-02091 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 20 Terrace Ct.		Amount of Each Disbursement this Period 132.00
City Willingboro State NJ Zip Code 08046	Purpose of Disbursement Field 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) ▼

Full Name (Last, First, Middle Initial) B. Jeffrey Tseng		Transaction ID: 30b-16-02056-02092 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 311 D Crowells Rd		Amount of Each Disbursement this Period 66.00
City Highland Park State NJ Zip Code 08904	Purpose of Disbursement Field 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) ▼

Full Name (Last, First, Middle Initial) C. Payal Upadhyay		Transaction ID: 30b-16-02057-02093 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 146 Clinton Ave		Amount of Each Disbursement this Period 132.00
City Clifton State NJ Zip Code 07071	Purpose of Disbursement Field 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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	330.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 130 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Chris Valentine		Transaction ID: 30b-16-02058-02094 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5	
Mailing Address 161 Jacoby St.		Amount of Each Disbursement this Period 384.00	
City Maplewood	State NJ	Zip Code 07040	Category/ Type
Purpose of Disbursement Field Consulting		<input type="checkbox"/>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Robert VanEgghen		Transaction ID: 30b-16-02059-02095 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5	
Mailing Address 2 Wildflower Rd		Amount of Each Disbursement this Period 156.00	
City Oxford	State CT	Zip Code 06478	Category/ Type
Purpose of Disbursement Field Consulting		<input type="checkbox"/>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Jeffrey Venezia		Transaction ID: 30b-16-02060-02096 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5	
Mailing Address 315 Ravens Dr.		Amount of Each Disbursement this Period 384.00	
City Plainsboro	State NJ	Zip Code 08536	Category/ Type
Purpose of Disbursement Field Consulting		<input type="checkbox"/>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	924.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 131 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

<p>A. Full Name (Last, First, Middle Initial) Adam Wang</p>		<p>Transaction ID: 30b-16-02063-02099 Date of Disbursement</p>	
<p>Mailing Address 361 Crowells Rd.</p>		<p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/></p>	
<p>City Highland Park</p>	<p>State NJ</p>	<p>Zip Code 08904</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Field Consulting</p>		<p>Category/ Type</p>	<p><input type="text" value="192.00"/></p>
<p>Candidate Name</p>			
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: District:</p>			

<p>B. Full Name (Last, First, Middle Initial) Benjamin Wang</p>		<p>Transaction ID: 30b-16-02064-02100 Date of Disbursement</p>	
<p>Mailing Address 126 Oakwood Ave.</p>		<p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/></p>	
<p>City Edison</p>	<p>State NJ</p>	<p>Zip Code 08837</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Field Consulting</p>		<p>Category/ Type</p>	<p><input type="text" value="66.00"/></p>
<p>Candidate Name</p>			
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: District:</p>			

<p>C. Full Name (Last, First, Middle Initial) Nichole Weed</p>		<p>Transaction ID: 30b-16-02067-02103 Date of Disbursement</p>	
<p>Mailing Address 155 Summers Ave</p>		<p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/></p>	
<p>City Piscataway</p>	<p>State NJ</p>	<p>Zip Code 08854</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Field Consulting</p>		<p>Category/ Type</p>	<p><input type="text" value="666.00"/></p>
<p>Candidate Name</p>			
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: District:</p>			

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="924.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 132 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Sherry White		Transaction ID: 30b-16-02068-02104 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5	
Mailing Address 181 Redmond Street		Amount of Each Disbursement this Period 360.00	
City New Brunswick State NJ Zip Code 08901	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	State: District:		

Full Name (Last, First, Middle Initial) B. Zack Wilder		Transaction ID: 30b-16-02069-02105 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5	
Mailing Address 105 Carleton Ln		Amount of Each Disbursement this Period 120.00	
City Mount Laurel State NJ Zip Code 08059	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	State: District:		

Full Name (Last, First, Middle Initial) C. Anthony Williams		Transaction ID: 30b-16-02070-02106 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5	
Mailing Address 50 Hassant St.		Amount of Each Disbursement this Period 516.00	
City New Brunswick State NJ Zip Code 08901	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	996.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 133 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Adam Workman Full Name (Last, First, Middle Initial) Mailing Address 14 Quince Pl City North Brunswick State NJ Zip Code 08902 Purpose of Disbursement Field 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: 30b-16-02071-02107 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 66.00 Category/Type
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B. Gregory Worts Full Name (Last, First, Middle Initial) Mailing Address 98 High St. City Orange State NJ Zip Code 07050 Purpose of Disbursement Field 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: 30b-16-02072-02108 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 492.00 Category/Type
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C. Ryan Yacco Full Name (Last, First, Middle Initial) Mailing Address 218 Easton Ave City New Brunswick State NJ Zip Code 08901 Purpose of Disbursement Field 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: 30b-16-02074-02110 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 60.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	618.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 134 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Bill Zhang Full Name (Last, First, Middle Initial) Mailing Address 514 Overlook Dr. City Orange State NJ Zip Code 06477 Purpose of Disbursement Field 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: 30b-16-02076-02112 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 186.00 Category/Type
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B. Shamarey Davis Full Name (Last, First, Middle Initial) Mailing Address 1122 North 34st. Apt. 6 City Camden State NJ Zip Code 08105 Purpose of Disbursement Field 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: 30b-16-02079-02115 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 50.00 Category/Type
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C. Van Fussal Full Name (Last, First, Middle Initial) Mailing Address 130 Mickle Blvd City Camden State NJ Zip Code 08104 Purpose of Disbursement Field 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: 30b-16-02080-02116 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 100.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	336.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 135 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Abu Ahmadi		Transaction ID: 30b-16-02081-02117 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5	
Mailing Address 309 Baldwin Lane		Amount of Each Disbursement this Period 180.00	
City Camden State NJ Zip Code 08105	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	State: District:		

Full Name (Last, First, Middle Initial) B. Marie Dunlapp-Price		Transaction ID: 30b-16-02082-02118 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5	
Mailing Address 1272 Magnolia Ave.		Amount of Each Disbursement this Period 180.00	
City Camden State NJ Zip Code 08013	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	State: District:		

Full Name (Last, First, Middle Initial) C. Joshua Brickhouse		Transaction ID: 30b-16-02083-02119 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5	
Mailing Address 1213 North 32nd Street		Amount of Each Disbursement this Period 50.00	
City Camden State NJ Zip Code 08105	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	410.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 136 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Michael Clayton Full Name (Last, First, Middle Initial) Mailing Address 1142 Landowne Ave City Camden State NJ Zip Code 08103 Purpose of Disbursement Field 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: 30b-16-02084-02120 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 100.00 Category/Type
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B. Sankeya English Full Name (Last, First, Middle Initial) Mailing Address 1230 Chestnut St. Apt F City Camden State NJ Zip Code 08103 Purpose of Disbursement Field 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: 30b-16-02085-02121 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 100.00 Category/Type
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C. Vardalarese Green Full Name (Last, First, Middle Initial) Mailing Address 110 Columbia Drive City Atco State NJ Zip Code 08004 Purpose of Disbursement Field 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: 30b-16-02086-02122 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 150.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	350.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 137 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Charles Robinson		Transaction ID: 30b-16-02087-02123 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 3059 River Road		Amount of Each Disbursement this Period 50.00
City Camden State NJ Zip Code 08105	Purpose of Disbursement Field 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) ▼	

Full Name (Last, First, Middle Initial) B. Audrey Fergusson		Transaction ID: 30b-16-02089-02125 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 433 North 7th Street Apt 7T		Amount of Each Disbursement this Period 100.00
City Camden State NJ Zip Code 08105	Purpose of Disbursement Field 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) ▼	

Full Name (Last, First, Middle Initial) C. David Johnson		Transaction ID: 30b-16-02090-02126 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 3071 S. Constitution rd		Amount of Each Disbursement this Period 150.00
City Camden State NJ Zip Code 08104	Purpose of Disbursement Field 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	300.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 138 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Bruce Edward Still Full Name (Last, First, Middle Initial) Mailing Address 453B Morse Street City Camden State NJ Zip Code 08105 Purpose of Disbursement Field 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: 30b-16-02091-02127 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 70.00 Category/Type
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B. Terrcas Graham Full Name (Last, First, Middle Initial) Mailing Address 2102 sewell st City Camden State NJ Zip Code 08105 Purpose of Disbursement Field 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: 30b-16-02093-02129 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 100.00 Category/Type
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C. Gladys Gibbs Full Name (Last, First, Middle Initial) Mailing Address 326 Spruce St. City Camden State NJ Zip Code 08103 Purpose of Disbursement Field 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: 30b-16-02095-02131 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 150.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	320.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 139 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. James Harris Full Name (Last, First, Middle Initial) Mailing Address 1546 Park Blvd City Camden State NJ Zip Code 08103 Purpose of Disbursement Field 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: 30b-16-02097-02133 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 100.00 Category/Type
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B. Theodore Maddox Full Name (Last, First, Middle Initial) Mailing Address 748 Pine St. City Camden State NJ Zip Code 08013 Purpose of Disbursement Field 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: 30b-16-02100-02136 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 50.00 Category/Type
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C. William McDaniels Full Name (Last, First, Middle Initial) Mailing Address 1461 Park Blvd. City Camden State NJ Zip Code 08103 Purpose of Disbursement Field 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: 30b-16-02101-02137 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 50.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	200.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

PAGE 140 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Dennis Petty		Transaction ID: 30b-16-02102-02138 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5	
Mailing Address 500 N. 7th Apt. 2114		Amount of Each Disbursement this Period 150.00	
City Camden State NJ Zip Code 08102	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Lisa Hutchinson		Transaction ID: 30b-16-02103-02139 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5	
Mailing Address 514 State St		Amount of Each Disbursement this Period 50.00	
City Camden State NJ Zip Code 08102	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Nasario Dunn		Transaction ID: 30b-16-02104-02140 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5	
Mailing Address 514 State St		Amount of Each Disbursement this Period 50.00	
City Camden State NJ Zip Code 08102	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	250.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 141 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Reba Thomas		Transaction ID: 30b-16-02105-02141 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 500 N 7th St		Amount of Each Disbursement this Period 105.00
City Camden State NJ Zip Code 08102	Purpose of Disbursement Field 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) ▼	

B. Full Name (Last, First, Middle Initial) Johnny Pollit		Transaction ID: 30b-16-02106-02142 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 1325 Morton St		Amount of Each Disbursement this Period 100.00
City Camden State NJ Zip Code 08102	Purpose of Disbursement Field 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) ▼	

C. Full Name (Last, First, Middle Initial) Shawn Simpson		Transaction ID: 30b-16-02113-02149 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 420 West St		Amount of Each Disbursement this Period 50.00
City Camden State NJ Zip Code 08103	Purpose of Disbursement Field 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	255.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 142 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) John Wesley		Transaction ID: 30b-16-02114-02150 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 1505 Wildwood Ave		Amount of Each Disbursement this Period 50.00
City Camden State NJ Zip Code 08103	Purpose of Disbursement Field Consulting Candidate Name 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) Angela Ithier		Transaction ID: 30b-16-02116-02152 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 1602 Burnt Mill Rd		Amount of Each Disbursement this Period 420.00
City Cherry Hill State NJ Zip Code 08003	Purpose of Disbursement Field Consulting Candidate Name 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) Luis Berrios		Transaction ID: 30b-16-02117-02153 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 200 Hoffman Blvd Apt2A		Amount of Each Disbursement this Period 100.00
City New Brunswick State NJ Zip Code 08901	Purpose of Disbursement Field Consulting Candidate Name 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) ▶	570.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

PAGE 143 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Carmen Lopez		Transaction ID: 30b-16-02118-02154 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 200 Hoffman Blvd Apt2A		Amount of Each Disbursement this Period 155.00
City New Brunswick State NJ Zip Code 08901	Purpose of Disbursement Field 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) ▼	

Full Name (Last, First, Middle Initial) B. Carlos Rivera		Transaction ID: 30b-16-02119-02155 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 53 Easton Ave		Amount of Each Disbursement this Period 60.00
City New Brunswick State NJ Zip Code 08901	Purpose of Disbursement Field 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) ▼	

Full Name (Last, First, Middle Initial) C. Jessica Thomas		Transaction ID: 30b-16-02120-02156 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 18 Sand Road		Amount of Each Disbursement this Period 145.00
City Westwood State NJ Zip Code 07675	Purpose of Disbursement Field 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	360.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 144 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Theresa Bell-Lias		Transaction ID: 30b-16-02121-02157 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 253 Duer St, 1st floor		Amount of Each Disbursement this Period 60.00
City North Plainfield State NJ Zip Code 07060	Purpose of Disbursement Field 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Jonell Schneit		Transaction ID: 30b-16-02122-02158 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 694 Kennedy Dr		Amount of Each Disbursement this Period 145.00
City Washington Townshi State NJ Zip Code 07676	Purpose of Disbursement Field 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Melissa McGoman		Transaction ID: 30b-16-02124-02160 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 831 Central Avenue		Amount of Each Disbursement this Period 60.00
City Plainfield State NJ Zip Code 07060	Purpose of Disbursement Field 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) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	265.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

PAGE 145 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Juan Morillo		Transaction ID: 30b-16-02125-02161 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 5328 King Ave		Amount of Each Disbursement this Period 135.00
City Pennsauken State NJ Zip Code 08109	Purpose of Disbursement Field 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) ▼	Category/ Type

B. Full Name (Last, First, Middle Initial) Jenny Valdez		Transaction ID: 30b-16-02126-02162 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 18 Renaissance Lane		Amount of Each Disbursement this Period 105.00
City New Brunswick State NJ Zip Code 08901	Purpose of Disbursement Field 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) ▼	Category/ Type

C. Full Name (Last, First, Middle Initial) Ramon Villar		Transaction ID: 30b-16-02127-02163 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 18 Renaissance Lane		Amount of Each Disbursement this Period 105.00
City New Brunswick State NJ Zip Code 08901	Purpose of Disbursement Field 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) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	345.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 146 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Kristal Ratliff		Transaction ID: 30b-16-02128-02164 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5	
Mailing Address 157 Rutgers Street		Amount of Each Disbursement this Period 120.00	
City New Brunswick State NJ Zip Code 08901	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Laura Perez		Transaction ID: 30b-16-02129-02165 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5	
Mailing Address 119 Livingston Ave		Amount of Each Disbursement this Period 170.00	
City New Brunswick State NJ Zip Code 08901	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Thelma Allen		Transaction ID: 30b-16-02130-02166 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5	
Mailing Address 11 Tillman Place		Amount of Each Disbursement this Period 160.00	
City Willingboro State NJ Zip Code 08046	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	450.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 147 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Bryan Aro		Transaction ID: 30b-16-02131-02167 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5	
Mailing Address 53 Melville Lane		Amount of Each Disbursement this Period 170.00	
City Willingboro State NJ Zip Code 08046	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Theresa Beach		Transaction ID: 30b-16-02132-02168 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5	
Mailing Address 122 Harrington Circle		Amount of Each Disbursement this Period 120.00	
City Willingboro State NJ Zip Code 08046	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ayisha Gordon		Transaction ID: 30b-16-02142-02178 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5	
Mailing Address 169 Club House Drive		Amount of Each Disbursement this Period 120.00	
City Willingboro State NJ Zip Code 08046	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	410.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 148 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Herbert Gordon		Transaction ID: 30b-16-02143-02179 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 169 Club House Drive		Amount of Each Disbursement this Period 120.00
City Willingboro State NJ Zip Code 08046	Purpose of Disbursement Field 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) ▼

Full Name (Last, First, Middle Initial) B. Tara Gordon		Transaction ID: 30b-16-02144-02180 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 169 Club House Drive		Amount of Each Disbursement this Period 120.00
City Willingboro State NJ Zip Code 08046	Purpose of Disbursement Field 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) ▼

Full Name (Last, First, Middle Initial) C. Marques Hayes		Transaction ID: 30b-16-02147-02183 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 53 Melville Lane		Amount of Each Disbursement this Period 130.00
City Willingboro State NJ Zip Code 08046	Purpose of Disbursement Field 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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	370.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 149 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Ashanti Holley		Transaction ID: 30b-16-02151-02187 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 9 Tioga Lane		Amount of Each Disbursement this Period 230.00
City Willingboro State NJ Zip Code 08046	Purpose of Disbursement Field 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) ▼

Full Name (Last, First, Middle Initial) B. Samuel Johnson		Transaction ID: 30b-16-02155-02191 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 83 Barrington Lane		Amount of Each Disbursement this Period 120.00
City Willingboro State NJ Zip Code 08046	Purpose of Disbursement Field 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) ▼

Full Name (Last, First, Middle Initial) C. Stephanie Jones		Transaction ID: 30b-16-02157-02193 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 207 Evergreen Drive		Amount of Each Disbursement this Period 150.00
City Willingboro State NJ Zip Code 08046	Purpose of Disbursement Field 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) ▼

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 150 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Junia Josaphat		Transaction ID: 30b-16-02159-02195 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5	
Mailing Address 10 Bucknell Lane		Amount of Each Disbursement this Period 140.00	
City Willingboro State NJ Zip Code 08046	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Katherine Kearse		Transaction ID: 30b-16-02161-02197 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5	
Mailing Address 36 Pheasant Lane		Amount of Each Disbursement this Period 30.00	
City Willingboro State NJ Zip Code 08046	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Sherese Lewis		Transaction ID: 30b-16-02168-02204 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5	
Mailing Address 1030 Bonnie Blue Circle		Amount of Each Disbursement this Period 170.00	
City Williamstown State NJ Zip Code 08094	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	340.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 151 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Edward M. McFadden		Transaction ID: 30b-16-02176-02212 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 92 Club House Drive		Amount of Each Disbursement this Period 90.00
City Willingboro State NJ Zip Code 08046	Purpose of Disbursement Field 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) ▼	Category/Type

Full Name (Last, First, Middle Initial) B. Selia A. McFadden		Transaction ID: 30b-16-02177-02213 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 92 Club House Drive		Amount of Each Disbursement this Period 80.00
City Willingboro State NJ Zip Code 08046	Purpose of Disbursement Field 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) ▼	Category/Type

Full Name (Last, First, Middle Initial) C. Franklin Owens		Transaction ID: 30b-16-02181-02217 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 122 Harrington Lane		Amount of Each Disbursement this Period 120.00
City Willingboro State NJ Zip Code 08046	Purpose of Disbursement Field 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) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	290.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 152 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. William Owens		Transaction ID: 30b-16-02182-02218 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 122 Harrington Lane		Amount of Each Disbursement this Period 120.00
City Willingboro State NJ Zip Code 08046	Purpose of Disbursement Field 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) ▼	

Full Name (Last, First, Middle Initial) B. Margo B. Patillo		Transaction ID: 30b-16-02184-02220 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 1006 Jardin Court		Amount of Each Disbursement this Period 130.00
City Burlington State NJ Zip Code 08016	Purpose of Disbursement Field 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) ▼	

Full Name (Last, First, Middle Initial) C. Morrell Reed		Transaction ID: 30b-16-02187-02223 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 44 Bolton Lane		Amount of Each Disbursement this Period 100.00
City Willingboro State NJ Zip Code 08046	Purpose of Disbursement Field 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	350.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

PAGE 153 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Margo D. Thomas		Transaction ID: 30b-16-02203-02239 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 400 High Street #402		Amount of Each Disbursement this Period 200.00
City Burlington State NJ Zip Code 08016	Purpose of Disbursement Field 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Robert Thomas		Transaction ID: 30b-16-02204-02240 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 400 High Street #402		Amount of Each Disbursement this Period 240.00
City Burlington State NJ Zip Code 08016	Purpose of Disbursement Field 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Thomas Troutt		Transaction ID: 30b-16-02205-02241 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 76 Middleton Lane		Amount of Each Disbursement this Period 140.00
City Willingboro State NJ Zip Code 08046	Purpose of Disbursement Field 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) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	580.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 154 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Hasan Trower Full Name (Last, First, Middle Initial) Mailing Address 58 Edgemont Lane City Willingboro State NJ Zip Code 08046 Purpose of Disbursement Field 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: 30b-16-02206-02242 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 90.00 Category/Type
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B. Hazel Wilson Full Name (Last, First, Middle Initial) Mailing Address 91 Club House Drive City Willingboro State NJ Zip Code 08046 Purpose of Disbursement Field 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: 30b-16-02207-02243 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 160.00 Category/Type
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C. Olive Woodards Full Name (Last, First, Middle Initial) Mailing Address 33 Elsin Lane City Willingboro State NJ Zip Code 08046 Purpose of Disbursement Field 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: 30b-16-02208-02244 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 130.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	380.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 155 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Terrance Ramsey		Transaction ID: 30b-16-02210-02246 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 75 Pine Grove Ave.		Amount of Each Disbursement this Period 50.00
City Somerset State NJ Zip Code 08873	Category/ Type	
Purpose of Disbursement Field 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) ▼	

Full Name (Last, First, Middle Initial) B. Terrance Ramsey		Transaction ID: 30b-16-02211-02247 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 75 Pine Grove Ave.		Amount of Each Disbursement this Period 192.00
City Somerset State NJ Zip Code 08873	Category/ Type	
Purpose of Disbursement Field 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) ▼	

Full Name (Last, First, Middle Initial) C. Anthony Cedano		Transaction ID: 30b-16-02213-02249 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 479 Franklin BLVD		Amount of Each Disbursement this Period 228.00
City Somerset State NJ Zip Code 08873	Category/ Type	
Purpose of Disbursement Field 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	470.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 156 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Miguel Sanchez Full Name (Last, First, Middle Initial) Mailing Address 245 Hale St City New Brunswick State NJ Zip Code 08901 Purpose of Disbursement Field 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: 30b-16-02214-02250 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 120.00 Category/Type
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B. Tiffani Jones Full Name (Last, First, Middle Initial) Mailing Address 313 Edpas Rd City New Brunswick State NJ Zip Code 08901 Purpose of Disbursement Field 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: 30b-16-02215-02251 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 228.00 Category/Type
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C. Tiffani Jones Full Name (Last, First, Middle Initial) Mailing Address 313 Edpas Rd City New Brunswick State NJ Zip Code 08901 Purpose of Disbursement Field 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: 30b-16-02216-02252 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 216.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	564.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 157 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Thomas Jackson		Transaction ID: 30b-16-02217-02253 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 110 Pine Grove Ave.		Amount of Each Disbursement this Period 132.00
City Somerset State NJ Zip Code 08873	Category/ Type	
Purpose of Disbursement Field 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) ▼	

Full Name (Last, First, Middle Initial) B. Thomas Jackson		Transaction ID: 30b-16-02218-02254 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 110 Pine Grove Ave.		Amount of Each Disbursement this Period 168.00
City Somerset State NJ Zip Code 08873	Category/ Type	
Purpose of Disbursement Field 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) ▼	

Full Name (Last, First, Middle Initial) C. Chris Stephens		Transaction ID: 30b-16-02221-02257 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 202 Handy St		Amount of Each Disbursement this Period 144.00
City New Brunswick State NJ Zip Code 08901	Category/ Type	
Purpose of Disbursement Field 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	444.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 158 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Ahmad Tucker Full Name (Last, First, Middle Initial) Mailing Address 29 Delavan Ct City New Brunswick State NJ Zip Code 08901 Purpose of Disbursement Field 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: 30b-16-02224-02260 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 120.00 Category/Type
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B. Carla Mancheno Full Name (Last, First, Middle Initial) Mailing Address 114 Buchanan Street City Linden State NJ Zip Code 07036 Purpose of Disbursement Field 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: 30b-16-02226-02262 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 100.00 Category/Type
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C. Mariel Valdes Full Name (Last, First, Middle Initial) Mailing Address 448 Barklay Street City Perth Amboy State NJ Zip Code 08861 Purpose of Disbursement Field 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: 30b-16-02231-02267 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 40.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	260.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 159 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Flor Villareal		Transaction ID: 30b-16-02233-02269 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5	
Mailing Address 1125 Convery Blvd		Amount of Each Disbursement this Period 60.00	
City Perth Amboy State NJ Zip Code 08861	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Julia Villareal		Transaction ID: 30b-16-02234-02270 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5	
Mailing Address 1125 Convery Blvd		Amount of Each Disbursement this Period 60.00	
City Perth Amboy State NJ Zip Code 08861	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Criselda Nunez		Transaction ID: 30b-16-02236-02272 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5	
Mailing Address 162 East Clifton Ave		Amount of Each Disbursement this Period 50.00	
City Clifton State NJ Zip Code 07011	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶

170.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 160 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Jason Terrero		Transaction ID: 30b-16-02237-02273 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 86 President St.		Amount of Each Disbursement this Period 220.00
City Passaic State NJ Zip Code 07055	Purpose of Disbursement Field 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) ▼	

B. Full Name (Last, First, Middle Initial) Christian Camacho		Transaction ID: 30b-16-02238-02274 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 24 State Street Apt 2F		Amount of Each Disbursement this Period 200.00
City Passaic State NJ Zip Code 07055	Purpose of Disbursement Field 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) ▼	

C. Full Name (Last, First, Middle Initial) Matia Vasquez		Transaction ID: 30b-16-02239-02275 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 191 Grove St., Apt 8		Amount of Each Disbursement this Period 200.00
City Passaic State NJ Zip Code 07055	Purpose of Disbursement Field 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	620.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 161 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Dominga Nunez Full Name (Last, First, Middle Initial) Mailing Address 191 Grove St., Apt 8 City Passaic State NJ Zip Code 07055 Purpose of Disbursement Field 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: 30b-16-02240-02276 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5 Amount of Each Disbursement this Period 200.00 Category/Type
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B. Jeremiah Ortiz Full Name (Last, First, Middle Initial) Mailing Address 45 Aspen Pl, Apt 2A City Passaic State NJ Zip Code 07055 Purpose of Disbursement Field 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: 30b-16-02241-02277 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5 Amount of Each Disbursement this Period 200.00 Category/Type
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C. Sandra Nunez Full Name (Last, First, Middle Initial) Mailing Address 162 Clifton Ave, Apt 1 City Clifton State NJ Zip Code 07011 Purpose of Disbursement Field 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: 30b-16-02242-02278 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5 Amount of Each Disbursement this Period 200.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	600.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 162 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Elvia Garcia Full Name (Last, First, Middle Initial) Mailing Address 122 Bloomfield Ave City Bloomfield State NJ Zip Code 07003 Purpose of Disbursement Field 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: 30b-16-02243-02279 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5 Amount of Each Disbursement this Period 160.00 Category/Type
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B. Jonatahn De Leon Full Name (Last, First, Middle Initial) Mailing Address 146 Highland Ave City Newark State NJ Zip Code 07104 Purpose of Disbursement Field 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: 30b-16-02246-02282 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5 Amount of Each Disbursement this Period 160.00 Category/Type
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C. Kelvin Rodriguez Full Name (Last, First, Middle Initial) Mailing Address 51 Clifton Ave # 1004 City Newark State NJ Zip Code 07104 Purpose of Disbursement Field 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: 30b-16-02249-02285 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5 Amount of Each Disbursement this Period 160.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	480.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 163 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Carolina Zapata		Transaction ID: 30b-16-02250-02286 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 324 Woodside Ave.		Amount of Each Disbursement this Period 160.00
City Newark State NJ Zip Code 07104	Purpose of Disbursement Field 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Ray Alcantara		Transaction ID: 30b-16-02259-02342 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 52 Wood Lake Dr		Amount of Each Disbursement this Period 99.64
City Piscataway State NJ Zip Code 08854	Purpose of Disbursement Travel Expenses 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Nathaniel Applefield		Transaction ID: 30b-16-02260-02343 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 5009 North 83rd St		Amount of Each Disbursement this Period 208.81
City Scottsdale State AZ Zip Code 85250	Purpose of Disbursement Travel Expenses 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) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	468.45
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

PAGE 164 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Jonathan Atwood		Transaction ID: 30b-16-02261-02344 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 284 102nd St		Amount of Each Disbursement this Period 369.51
City Stone Harbor State NJ Zip Code 08247	Purpose of Disbursement Travel Expenses 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) ▼	Category/ Type
Full Name (Last, First, Middle Initial) B. Claribel Azcona-Barber		Transaction ID: 30b-16-02262-02345 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 203 New York Avenue		Amount of Each Disbursement this Period 293.71
City New Brunswick State NJ Zip Code 08901	Purpose of Disbursement Travel Expenses 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) ▼	Category/ Type
Full Name (Last, First, Middle Initial) C. Kerry Baynes		Transaction ID: 30b-16-02264-02347 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 207 Villa Knoll Ct		Amount of Each Disbursement this Period 75.06
City Sicklerville State NJ Zip Code 08081	Purpose of Disbursement Travel Expenses 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) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ►

738.28

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 165 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Elizabeth E. Berry		Transaction ID: 30b-16-02265-02348 Date of Disbursement 11 / 04 / 2005
Mailing Address 5601 Manor Dr		Amount of Each Disbursement this Period 104.29
City Lansing State MI Zip Code 48911	Purpose of Disbursement Travel Expenses 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) ▼	

Full Name (Last, First, Middle Initial) B. Ivy Butts		Transaction ID: 30b-16-02266-02349 Date of Disbursement 11 / 04 / 2005
Mailing Address 2211 S East 32nd Pl		Amount of Each Disbursement this Period 384.05
City Portland State OR Zip Code 97214	Purpose of Disbursement Travel Expenses 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) ▼	

Full Name (Last, First, Middle Initial) C. Ivy Butts		Transaction ID: 30b-16-02266-04340 Date of Disbursement 11 / 04 / 2005
Mailing Address 2211 S East 32nd Pl		Amount of Each Disbursement this Period 93.91
City Portland State OR Zip Code 97214	Purpose of Disbursement Canvassing Expenses 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	582.25
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 166 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Jason Cassese Full Name (Last, First, Middle Initial) Mailing Address 10 Holly Court City Highland Park State NJ Zip Code 08904 Purpose of Disbursement Travel Expenses 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: 30b-16-02267-02350 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 436.47 Category/Type
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B. Amanda Clausen Full Name (Last, First, Middle Initial) Mailing Address 338 5th St NW City Blooming Prairie State MN Zip Code 55917 Purpose of Disbursement Travel Expenses 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: 30b-16-02268-02351 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 155.40 Category/Type
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C. Georgia Cocharne Full Name (Last, First, Middle Initial) Mailing Address 513 Prince Street City Bordentown State NJ Zip Code 08505 Purpose of Disbursement Travel Expenses 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: 30b-16-02269-02352 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 42.39 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	634.26
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 167 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Efren Dato Full Name (Last, First, Middle Initial) Mailing Address 6 Derbyshire Ln City Somerset State NJ Zip Code 08873 Purpose of Disbursement Travel Expenses 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: 30b-16-02270-02353 Date of Disbursement: 11 / 04 / 2005 Amount of Each Disbursement this Period: 77.16 Category/Type
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B. Laurie E DePalo Full Name (Last, First, Middle Initial) Mailing Address 2035 E. 34th St City Brooklyn State NY Zip Code 11234 Purpose of Disbursement Travel Expenses 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: 30b-16-02271-02354 Date of Disbursement: 11 / 04 / 2005 Amount of Each Disbursement this Period: 113.57 Category/Type
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C. Laurie E DePalo Full Name (Last, First, Middle Initial) Mailing Address 2035 E. 34th St City Brooklyn State NY Zip Code 11234 Purpose of Disbursement Office Supplies/Food & Beverage 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: 30b-16-02271-04338 Date of Disbursement: 11 / 04 / 2005 Amount of Each Disbursement this Period: 476.57 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	667.30
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 168 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Sarah J. Donahue		Transaction ID: 30b-16-02273-02356 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 25 Tip Top St #1		Amount of Each Disbursement this Period 497.74
City Brighton State MA Zip Code 02135	Purpose of Disbursement Travel Expenses	
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) ▼	

Full Name (Last, First, Middle Initial) B. Sarah J. Donahue		Transaction ID: 30b-16-02273-04339 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 25 Tip Top St #1		Amount of Each Disbursement this Period 42.29
City Brighton State MA Zip Code 02135	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) ▼	

Full Name (Last, First, Middle Initial) C. Stephen J Duron		Transaction ID: 30b-16-02275-02358 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 770 Sturbridge Dr		Amount of Each Disbursement this Period 349.33
City La Habra State CA Zip Code 90631	Purpose of Disbursement Travel Expenses	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	889.36
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 169 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) John Duthie		Transaction ID: 30b-16-02276-02359 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 4154 Bridgeview Ln		Amount of Each Disbursement this Period 185.65
City Canton State MI Zip Code 48188		
Purpose of Disbursement Travel Expenses	<input type="checkbox"/> Category/ Type	
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) Mallory Earle-Sharpe		Transaction ID: 30b-16-02277-02360 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 93 4th Ave		Amount of Each Disbursement this Period 369.22
City Paterson State NJ Zip Code 07524		
Purpose of Disbursement Travel Expenses	<input type="checkbox"/> Category/ Type	
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) Tiffany Ellis		Transaction ID: 30b-16-02278-02361 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 886 Montana		Amount of Each Disbursement this Period 222.59
City Marysville State MI Zip Code 48040		
Purpose of Disbursement Travel Expenses	<input type="checkbox"/> Category/ Type	
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) ▶	777.46
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

PAGE 170 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Sean Fischer		Transaction ID: 30b-16-02279-02362 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 210 W. Beach Rd		Amount of Each Disbursement this Period 134.48
City Williamstown State NJ Zip Code 08094	Purpose of Disbursement Travel Expenses 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Theodora Geanakoplos		Transaction ID: 30b-16-02280-02363 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 711 Gordon Terr #312		Amount of Each Disbursement this Period 141.03
City Chicago State IL Zip Code 60613	Purpose of Disbursement Travel Expenses 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Hans P Goff		Transaction ID: 30b-16-02282-02365 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 5 Cadawalder Dr		Amount of Each Disbursement this Period 13.00
City Trenton State NJ Zip Code 08618	Purpose of Disbursement Travel Expenses 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) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	288.51
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 171 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Matthew Kasden		Transaction ID: 30b-16-02285-02368 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 31932 Violeta Ln		Amount of Each Disbursement this Period 158.63
City Coto de Caza State CA Zip Code 92679	Purpose of Disbursement Travel Expenses 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. George Laufenberg		Transaction ID: 30b-16-02288-02371 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 421 Ridge Ave		Amount of Each Disbursement this Period 120.13
City Collingswood State NJ Zip Code 08107	Purpose of Disbursement Travel Expenses 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Judy Navedo		Transaction ID: 30b-16-02291-02374 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 2740 Carman St.		Amount of Each Disbursement this Period 7.00
City Camden State NJ Zip Code 08105	Purpose of Disbursement Travel Expenses 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) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	285.76
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

PAGE 172 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Dana Peterson		Transaction ID: 30b-16-02294-02377 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 626 Bold Ruler Road		Amount of Each Disbursement this Period 14.40
City Stafford State TX Zip Code 77477	Purpose of Disbursement Travel Expenses 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) ▼
Full Name (Last, First, Middle Initial) B. Andrew J. Poag		

Full Name (Last, First, Middle Initial) B. Andrew J. Poag		Transaction ID: 30b-16-02295-02378 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 21 Concord Dr		Amount of Each Disbursement this Period 22.30
City Shamong State NJ Zip Code 08088-8674	Purpose of Disbursement Travel Expenses 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) ▼
Full Name (Last, First, Middle Initial) C. Calvin Shim		

Full Name (Last, First, Middle Initial) C. Calvin Shim		Transaction ID: 30b-16-02300-02383 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 1140A Edgewoo Ln		Amount of Each Disbursement this Period 129.72
City Fort Lee State NJ Zip Code 07024	Purpose of Disbursement Travel Expenses 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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	166.42
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 173 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Javier Vasquez Full Name (Last, First, Middle Initial) Mailing Address 521 Carleton St City Bound Brook State NJ Zip Code 08805 Purpose of Disbursement Travel Expenses 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: 30b-16-02301-02384 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 84.79 Category/Type
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B. Seth Williams Full Name (Last, First, Middle Initial) Mailing Address 2659 Briana Dr City Pottstown State PA Zip Code 19454 Purpose of Disbursement Travel Expenses 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: 30b-16-02303-02386 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 211.84 Category/Type
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C. Dale Wolfert Full Name (Last, First, Middle Initial) Mailing Address 59 Bosko Dr City East Brunswick State NJ Zip Code 08816 Purpose of Disbursement Travel Expenses 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: 30b-16-02304-02387 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 34.20 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	330.83
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 174 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Arleen Barcenas		Transaction ID: 30b-16-02305-02388 Date of Disbursement 11 / 04 / 2005	
Mailing Address 338 E 29th Street		Amount of Each Disbursement this Period 123.40	
City Paterson State NJ Zip Code 07514	Purpose of Disbursement Travel Expenses	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) ▼		

Full Name (Last, First, Middle Initial) B. Luis Records & Pager		Transaction ID: 30b-16-02307-02390 Date of Disbursement 11 / 04 / 2005	
Mailing Address 2616 River Road		Amount of Each Disbursement this Period 922.20	
City Camden State NJ Zip Code 08105	Purpose of Disbursement Equipment Expense	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) ▼		

Full Name (Last, First, Middle Initial) C. Soraya Vasquez		Transaction ID: 30b-16-02308-02391 Date of Disbursement 11 / 04 / 2005	
Mailing Address 521 Carleton Street		Amount of Each Disbursement this Period 850.00	
City Boundbrook State NJ Zip Code 08805	Purpose of Disbursement Rent	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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1895.60
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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

FOR LINE NUMBER:
(check only one)

PAGE 175 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Soraya Vasquez		Transaction ID: 30b-16-02308-04274 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 521 Carleton Street		Amount of Each Disbursement this Period 300.00
City Boundbrook State NJ Zip Code 08805	Category/ Type	
Purpose of Disbursement Telecommunications Expenses		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Soraya Vasquez		Transaction ID: 30b-16-02308-04275 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 521 Carleton Street		Amount of Each Disbursement this Period 200.00
City Boundbrook State NJ Zip Code 08805	Category/ Type	
Purpose of Disbursement Office Supplies		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Harish Mehta		Transaction ID: 30b-16-02309-02392 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 2523 Limm Ave		Amount of Each Disbursement this Period 11.98
City Union State NJ Zip Code 07083	Category/ Type	
Purpose of Disbursement Travel Expenses		
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) ▶	511.98
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 176 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Party Box Full Name (Last, First, Middle Initial) Mailing Address 240 Route 17 South City Lodi State NJ Zip Code 07644 Purpose of Disbursement Office Supplies 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: 30b-16-02310-02393 Date of Disbursement: M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5 Amount of Each Disbursement this Period: 10335.00 Category/Type
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B. Terrance Ramsey Full Name (Last, First, Middle Initial) Mailing Address 75 Pine Grove Ave. City Somerset State NJ Zip Code 08873 Purpose of Disbursement Field 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: 30b-16-02311-02394 Date of Disbursement: M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5 Amount of Each Disbursement this Period: 120.00 Category/Type
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C. Anthony Cedano Full Name (Last, First, Middle Initial) Mailing Address 479 Franklin BLVD City Somerset State NJ Zip Code 08873 Purpose of Disbursement Field 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: 30b-16-02313-02396 Date of Disbursement: M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5 Amount of Each Disbursement this Period: 84.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	10539.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 177 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Miguel Sanchez		Transaction ID: 30b-16-02314-02397 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 245 Hale St		Amount of Each Disbursement this Period 84.00
City New Brunswick State NJ Zip Code 08901	Purpose of Disbursement Field 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Chris Contreras		Transaction ID: 30b-16-02315-02398 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 446 C Hamilton Street		Amount of Each Disbursement this Period 120.00
City Somerset State NJ Zip Code 08873	Purpose of Disbursement Field 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Thomas Jackson		Transaction ID: 30b-16-02316-02399 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 110 Pine Grove Ave.		Amount of Each Disbursement this Period 84.00
City Somerset State NJ Zip Code 08873	Purpose of Disbursement Field 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) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	288.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 178 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Chris Stephens		Transaction ID: 30b-16-02318-02401 Date of Disbursement MM / DD / YYYY 11 / 05 / 2005	
Mailing Address 202 Handy St		Amount of Each Disbursement this Period 120.00	
City New Brunswick State NJ Zip Code 08901	Purpose of Disbursement Field 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) ▼		

Full Name (Last, First, Middle Initial) B. Ahmad Tucker		Transaction ID: 30b-16-02320-02403 Date of Disbursement MM / DD / YYYY 11 / 05 / 2005	
Mailing Address 29 Delavan Ct		Amount of Each Disbursement this Period 96.00	
City New Brunswick State NJ Zip Code 08901	Purpose of Disbursement Field 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) ▼		

Full Name (Last, First, Middle Initial) C. Chris Contreras		Transaction ID: 30b-16-02325-02408 Date of Disbursement MM / DD / YYYY 11 / 05 / 2005	
Mailing Address 446 C Hamilton Street		Amount of Each Disbursement this Period 144.00	
City Somerset State NJ Zip Code 08873	Purpose of Disbursement Field 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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	360.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 179 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Yulandra Simmons		Transaction ID: 30b-16-02326-02409 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 59 Southward St Apt 2		Amount of Each Disbursement this Period 132.00
City New Brunswick State NJ Zip Code 08901	Purpose of Disbursement Field 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) ▼	

Full Name (Last, First, Middle Initial) B. Luis Berrios		Transaction ID: 30b-16-02327-02410 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 200 Hoffman Blvd Apt2A		Amount of Each Disbursement this Period 100.00
City New Brunswick State NJ Zip Code 08901	Purpose of Disbursement Field 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) ▼	

Full Name (Last, First, Middle Initial) C. Carmen Lopez		Transaction ID: 30b-16-02328-02411 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 200 Hoffman Blvd Apt2A		Amount of Each Disbursement this Period 155.00
City New Brunswick State NJ Zip Code 08901	Purpose of Disbursement Field 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	387.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 180 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Carlos Rivera Full Name (Last, First, Middle Initial) Mailing Address 53 Easton Ave City New Brunswick State NJ Zip Code 08901 Purpose of Disbursement Field 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: 30b-16-02329-02412 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 60.00 Category/Type
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B. Jessica Thomas Full Name (Last, First, Middle Initial) Mailing Address 18 Sand Road City Westwood State NJ Zip Code 07675 Purpose of Disbursement Field 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: 30b-16-02330-02413 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 145.00 Category/Type
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C. Theresa Bell-Lias Full Name (Last, First, Middle Initial) Mailing Address 253 Duer St, 1st floor City North Plainfield State NJ Zip Code 07060 Purpose of Disbursement Field 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: 30b-16-02331-02414 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 60.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	265.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 181 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Jonell Schneit Full Name (Last, First, Middle Initial) Mailing Address 694 Kennedy Dr City Washington Townshi State NJ Zip Code 07676 Purpose of Disbursement Field 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: 30b-16-02332-02415 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 145.00 Category/Type
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B. Melissa McGoman Full Name (Last, First, Middle Initial) Mailing Address 831 Central Avenue City Plainfield State NJ Zip Code 07060 Purpose of Disbursement Field 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: 30b-16-02334-02417 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 60.00 Category/Type
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C. Juan Morillo Full Name (Last, First, Middle Initial) Mailing Address 5328 King Ave City Pennsauken State NJ Zip Code 08109 Purpose of Disbursement Field 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: 30b-16-02335-02418 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 135.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	340.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

PAGE 182 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Jenny Valdez		Transaction ID: 30b-16-02336-02419 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 18 Renaissance Lane		Amount of Each Disbursement this Period 105.00
City New Brunswick State NJ Zip Code 08901	Purpose of Disbursement Field 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Ramon Villar		Transaction ID: 30b-16-02337-02420 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 18 Renaissance Lane		Amount of Each Disbursement this Period 105.00
City New Brunswick State NJ Zip Code 08901	Purpose of Disbursement Field 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Kristal Ratliff		Transaction ID: 30b-16-02338-02421 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 157 Rutgers Street		Amount of Each Disbursement this Period 120.00
City New Brunswick State NJ Zip Code 08901	Purpose of Disbursement Field 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) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	330.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 183 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Laura Perez		Transaction ID: 30b-16-02339-02422 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 119 Livingston Ave		Amount of Each Disbursement this Period 170.00
City New Brunswick State NJ Zip Code 08901	Purpose of Disbursement Field 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) ▼	

B. Full Name (Last, First, Middle Initial) Elvia Garcia		Transaction ID: 30b-16-02340-02423 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 122 Bloomfield Ave		Amount of Each Disbursement this Period 80.00
City Bloomfield State NJ Zip Code 07003	Purpose of Disbursement Field 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) ▼	

C. Full Name (Last, First, Middle Initial) Jonatahn De Leon		Transaction ID: 30b-16-02342-02425 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 146 Highland Ave		Amount of Each Disbursement this Period 80.00
City Newark State NJ Zip Code 07104	Purpose of Disbursement Field 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	330.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 184 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Kelvin Rodriguez		Transaction ID: 30b-16-02344-02427 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 51 Clifton Ave # 1004		Amount of Each Disbursement this Period 80.00
City Newark State NJ Zip Code 07104	Purpose of Disbursement Field 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Carolina Zapata		Transaction ID: 30b-16-02345-02428 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 324 Woodside Ave.		Amount of Each Disbursement this Period 80.00
City Newark State NJ Zip Code 07104	Purpose of Disbursement Field 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Thelma Allen		Transaction ID: 30b-16-02346-02429 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 11 Tillman Place		Amount of Each Disbursement this Period 120.00
City Willingboro State NJ Zip Code 08046	Purpose of Disbursement Field 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) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	280.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

PAGE 185 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Bryan Aro		Transaction ID: 30b-16-02349-02432 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5	
Mailing Address 53 Melville Lane		Amount of Each Disbursement this Period 200.00	
City Willingboro State NJ Zip Code 08046	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	State: District:		

Full Name (Last, First, Middle Initial) B. Theresa Beach		Transaction ID: 30b-16-02350-02433 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5	
Mailing Address 122 Harrington Circle		Amount of Each Disbursement this Period 200.00	
City Willingboro State NJ Zip Code 08046	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	State: District:		

Full Name (Last, First, Middle Initial) C. Ayisha Gordon		Transaction ID: 30b-16-02359-02442 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5	
Mailing Address 169 Club House Drive		Amount of Each Disbursement this Period 200.00	
City Willingboro State NJ Zip Code 08046	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	600.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 186 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Herbert Gordon		Transaction ID: 30b-16-02360-02443 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 169 Club House Drive		Amount of Each Disbursement this Period 200.00
City Willingboro State NJ Zip Code 08046	Purpose of Disbursement Field 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) ▼	Category/Type

B. Full Name (Last, First, Middle Initial) Tara Gordon		Transaction ID: 30b-16-02361-02444 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 169 Club House Drive		Amount of Each Disbursement this Period 200.00
City Willingboro State NJ Zip Code 08046	Purpose of Disbursement Field 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) ▼	Category/Type

C. Full Name (Last, First, Middle Initial) Constance Hayes		Transaction ID: 30b-16-02365-02448 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 53 Melville Lane		Amount of Each Disbursement this Period 220.00
City Willingboro State NJ Zip Code 08046	Purpose of Disbursement Field 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) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	620.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 187 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Marques Hayes		Transaction ID: 30b-16-02366-02449 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 53 Melville Lane		Amount of Each Disbursement this Period 150.00
City Willingboro State NJ Zip Code 08046	Purpose of Disbursement Field Consulting Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) B. Ashanti Holley		Transaction ID: 30b-16-02367-02450 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 9 Tioga Lane		Amount of Each Disbursement this Period 180.00
City Willingboro State NJ Zip Code 08046	Purpose of Disbursement Field Consulting Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) C. Sarah Holley		Transaction ID: 30b-16-02369-02452 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 9 Tioga Lane		Amount of Each Disbursement this Period 200.00
City Willingboro State NJ Zip Code 08046	Purpose of Disbursement Field Consulting Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/ Type
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	530.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 188 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Stephanie Jones		Transaction ID: 30b-16-02372-02455 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 207 Evergreen Drive		Amount of Each Disbursement this Period 50.00
City Willingboro State NJ Zip Code 08046	Purpose of Disbursement Field 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) ▼

Full Name (Last, First, Middle Initial) B. Junia Josaphat		Transaction ID: 30b-16-02376-02459 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 10 Bucknell Lane		Amount of Each Disbursement this Period 40.00
City Willingboro State NJ Zip Code 08046	Purpose of Disbursement Field 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) ▼

Full Name (Last, First, Middle Initial) C. Katherine Kearse		Transaction ID: 30b-16-02378-02461 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 36 Pheasant Lane		Amount of Each Disbursement this Period 30.00
City Willingboro State NJ Zip Code 08046	Purpose of Disbursement Field 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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	120.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 189 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Sherese Lewis		Transaction ID: 30b-16-02381-02464 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 1030 Bonnie Blue Circle		Amount of Each Disbursement this Period 90.00
City Williamstown State NJ Zip Code 08094	Purpose of Disbursement Field 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) ▼

B. Full Name (Last, First, Middle Initial) Edward M. McFadden		Transaction ID: 30b-16-02385-02468 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 92 Club House Drive		Amount of Each Disbursement this Period 110.00
City Willingboro State NJ Zip Code 08046	Purpose of Disbursement Field 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) ▼

C. Full Name (Last, First, Middle Initial) Selia A. McFadden		Transaction ID: 30b-16-02386-02469 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 92 Club House Drive		Amount of Each Disbursement this Period 110.00
City Willingboro State NJ Zip Code 08046	Purpose of Disbursement Field 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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

310.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 190 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Franklin Owens		Transaction ID: 30b-16-02389-02472 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 122 Harrington Lane		Amount of Each Disbursement this Period 200.00
City Willingboro State NJ Zip Code 08046	Purpose of Disbursement Field 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) ▼	

Full Name (Last, First, Middle Initial) B. William Owens		Transaction ID: 30b-16-02390-02473 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 122 Harrington Lane		Amount of Each Disbursement this Period 200.00
City Willingboro State NJ Zip Code 08046	Purpose of Disbursement Field 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) ▼	

Full Name (Last, First, Middle Initial) C. Morrell Reed		Transaction ID: 30b-16-02393-02476 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 44 Bolton Lane		Amount of Each Disbursement this Period 60.00
City Willingboro State NJ Zip Code 08046	Purpose of Disbursement Field 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	460.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 191 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Margo D. Thomas		Transaction ID: 30b-16-02407-02490 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5	
Mailing Address 400 High Street #402		Amount of Each Disbursement this Period 30.00	
City Burlington State NJ Zip Code 08016	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	State: District:		

Full Name (Last, First, Middle Initial) B. Robert Thomas		Transaction ID: 30b-16-02408-02491 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5	
Mailing Address 400 High Street #402		Amount of Each Disbursement this Period 30.00	
City Burlington State NJ Zip Code 08016	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	State: District:		

Full Name (Last, First, Middle Initial) C. Thomas Troutt		Transaction ID: 30b-16-02410-02493 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5	
Mailing Address 76 Middleton Lane		Amount of Each Disbursement this Period 150.00	
City Willingboro State NJ Zip Code 08046	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	210.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 192 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Hasan Trower		Transaction ID: 30b-16-02411-02494 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 58 Edgemont Lane		Amount of Each Disbursement this Period 150.00
City Willingboro State NJ Zip Code 08046	Purpose of Disbursement Field 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) ▼	Category/Type

Full Name (Last, First, Middle Initial) B. Hazel Wilson		Transaction ID: 30b-16-02416-02499 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 91 Club House Drive		Amount of Each Disbursement this Period 80.00
City Willingboro State NJ Zip Code 08046	Purpose of Disbursement Field 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) ▼	Category/Type

Full Name (Last, First, Middle Initial) C. Olive Woodards		Transaction ID: 30b-16-02417-02500 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 33 Elsin Lane		Amount of Each Disbursement this Period 150.00
City Willingboro State NJ Zip Code 08046	Purpose of Disbursement Field 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) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	380.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 193 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Criselda Nunez		Transaction ID: 30b-16-02421-02504 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 162 East Clifton Ave		Amount of Each Disbursement this Period 250.00
City Clifton State NJ Zip Code 07011	Purpose of Disbursement Field 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Jason Terrero		Transaction ID: 30b-16-02422-02505 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 86 President St.		Amount of Each Disbursement this Period 240.00
City Passaic State NJ Zip Code 07055	Purpose of Disbursement Field 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Christian Camacho		Transaction ID: 30b-16-02423-02506 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 24 State Street Apt 2F		Amount of Each Disbursement this Period 200.00
City Passaic State NJ Zip Code 07055	Purpose of Disbursement Field 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) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	690.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 194 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Matia Vasquez		Transaction ID: 30b-16-02424-02507 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5	
Mailing Address 191 Grove St., Apt 8		Amount of Each Disbursement this Period 300.00	
City Passaic State NJ Zip Code 07055	Purpose of Disbursement Field Consulting	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	State: District:		

Full Name (Last, First, Middle Initial) B. Dominga Nunez		Transaction ID: 30b-16-02425-02508 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5	
Mailing Address 191 Grove St., Apt 8		Amount of Each Disbursement this Period 250.00	
City Passaic State NJ Zip Code 07055	Purpose of Disbursement Field Consulting	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	State: District:		

Full Name (Last, First, Middle Initial) C. Jeremiah Ortiz		Transaction ID: 30b-16-02426-02509 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5	
Mailing Address 45 Aspen Pl, Apt 2A		Amount of Each Disbursement this Period 200.00	
City Passaic State NJ Zip Code 07055	Purpose of Disbursement Field Consulting	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	750.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 195 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Sandra Nunez		Transaction ID: 30b-16-02427-02510 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5	
Mailing Address 162 Clifton Ave, Apt 1		Amount of Each Disbursement this Period 250.00	
City Clifton State NJ Zip Code 07011	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jose Feliciano		Transaction ID: 30b-16-02428-02511 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5	
Mailing Address 13-c Buffalo Ave		Amount of Each Disbursement this Period 250.00	
City Egg Harbor State NJ Zip Code 08215	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Miriam Echevarria		Transaction ID: 30b-16-02429-02512 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5	
Mailing Address 1801 Atlantic Ave		Amount of Each Disbursement this Period 250.00	
City Atlantic City State NJ Zip Code 08401	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	750.00
TOTAL This Period (last page this line number only) ▶	750.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 196 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Rigoberto Armengolt Full Name (Last, First, Middle Initial) Mailing Address 908 Baltic Ave - 2nd FL City Atlantic City State NJ Zip Code 08401 Purpose of Disbursement Field 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: 30b-16-02430-02513 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 250.00 Category/Type
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B. Eric Echevarria Full Name (Last, First, Middle Initial) Mailing Address 349 E Coscob St City Galloway State NJ Zip Code 08205 Purpose of Disbursement Field 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: 30b-16-02431-02514 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 250.00 Category/Type
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C. Miguel Gonzalez Full Name (Last, First, Middle Initial) Mailing Address 310 Booye Terr. City Northfield State NJ Zip Code 08225 Purpose of Disbursement Field 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: 30b-16-02432-02515 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 250.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	750.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 197 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Angel Alamo		Transaction ID: 30b-16-02433-02516 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5	
Mailing Address 891 N. 27th St.		Amount of Each Disbursement this Period 419.25	
City Camden State NJ Zip Code 08105	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Kimberly Backus		Transaction ID: 30b-16-02435-02518 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5	
Mailing Address 5909 Elmhurst		Amount of Each Disbursement this Period 54.00	
City Philadelphia State PA Zip Code 19149	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Daniel Beller		Transaction ID: 30b-16-02436-02519 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5	
Mailing Address 1807 Fireside Ln.		Amount of Each Disbursement this Period 111.00	
City Cherry Hill State NJ Zip Code 08003	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	584.25
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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

FOR LINE NUMBER:
(check only one)

PAGE 198 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Norris Blackwell		Transaction ID: 30b-16-02438-02521 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 1036 Hazelwood		Amount of Each Disbursement this Period 221.00
City Philadelphia State PA Zip Code 19151	Purpose of Disbursement Field 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Benjamin Brandau		Transaction ID: 30b-16-02440-02523 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 1859 W. Camac St.		Amount of Each Disbursement this Period 132.00
City Philadelphia State PA Zip Code 19122	Purpose of Disbursement Field 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Amanda Brown		Transaction ID: 30b-16-02441-02524 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 2932 Roydon St.		Amount of Each Disbursement this Period 249.00
City Camden State NJ Zip Code 08105	Purpose of Disbursement Field 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) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	602.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 199 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Raana Choudhry Full Name (Last, First, Middle Initial) Mailing Address 208 Drake Rd City Cherry Hill State NJ Zip Code 08034 Purpose of Disbursement Field 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: 30b-16-02444-02527 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 168.00 Category/Type
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B. James Cicalese Full Name (Last, First, Middle Initial) Mailing Address 212 Cardinal Dr. City Bellmawr State NJ Zip Code 08031 Purpose of Disbursement Field 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: 30b-16-02445-02528 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 120.00 Category/Type
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C. Grace Crosby Full Name (Last, First, Middle Initial) Mailing Address 61 Villinova Ct. City Sicklerville State NJ Zip Code 08081 Purpose of Disbursement Field 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: 30b-16-02446-02529 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 72.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	360.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 200 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Shakira Delfin		Transaction ID: 30b-16-02448-02531 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5	
Mailing Address 2835 A Washington St. Apt A.		Amount of Each Disbursement this Period 168.00	
City Camden State NJ Zip Code 08105	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ebony Dingle		Transaction ID: 30b-16-02449-02532 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5	
Mailing Address 17 Elbow Lane		Amount of Each Disbursement this Period 204.00	
City Malvern State PA Zip Code 19122	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ivan Ellison		Transaction ID: 30b-16-02450-02533 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5	
Mailing Address 1712 Willow Place		Amount of Each Disbursement this Period 132.00	
City Clementon State NJ Zip Code 08021	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	504.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 201 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Trishtan Ellison		Transaction ID: 30b-16-02451-02534 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 1712 Willow Place		Amount of Each Disbursement this Period 177.00
City State Zip Code Clementon NJ 08021	Purpose of Disbursement Field 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) ▼	

Full Name (Last, First, Middle Initial) B. Steve Flatley		Transaction ID: 30b-16-02452-02535 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 121 Harrogate Dr.		Amount of Each Disbursement this Period 13.00
City State Zip Code Lumberton NJ 08049	Purpose of Disbursement Field 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) ▼	

Full Name (Last, First, Middle Initial) C. Danielle Garcia		Transaction ID: 30b-16-02453-02536 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 1141 Sheridan Ave.		Amount of Each Disbursement this Period 69.00
City State Zip Code Bellmawr NJ 08031	Purpose of Disbursement Field 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	259.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 202 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Dollie Gates		Transaction ID: 30b-16-02454-02537 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5	
Mailing Address 801 Cooper Landing Rd		Amount of Each Disbursement this Period 144.00	
City Cherry Hill	State NJ	Zip Code 08034	
Purpose of Disbursement Field Consulting		Category/ Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Mandy Gerth		Transaction ID: 30b-16-02455-02538 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5	
Mailing Address 333 S. 43rd St.		Amount of Each Disbursement this Period 63.00	
City Philadelphia	State PA	Zip Code 19104	
Purpose of Disbursement Field Consulting		Category/ Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Nina Goldsmith		Transaction ID: 30b-16-02456-02539 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5	
Mailing Address 124 Bickley Rd. Apt 3		Amount of Each Disbursement this Period 132.00	
City Glenside	State PA	Zip Code 19038	
Purpose of Disbursement Field Consulting		Category/ Type	
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) ▶	339.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

PAGE 203 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Serita Hayden		Transaction ID: 30b-16-02457-02540 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5	
Mailing Address 1716 Scattergood St.		Amount of Each Disbursement this Period 144.00	
City Philadelphia State PA Zip Code 19124	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Victoria Johnson		Transaction ID: 30b-16-02459-02542 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5	
Mailing Address 6229 N. Smedley St.		Amount of Each Disbursement this Period 132.00	
City Philadelphia State PA Zip Code 19141	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ashiq Khondker		Transaction ID: 30b-16-02461-02544 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5	
Mailing Address 2011 S. Juniper St.		Amount of Each Disbursement this Period 60.00	
City Philadelphia State PA Zip Code 19148	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	336.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 204 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. David Krain Full Name (Last, First, Middle Initial) Mailing Address 5444 W. Montgomery Ave. City Philadelphia State PA Zip Code 19131 Purpose of Disbursement Field 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: 30b-16-02462-02545 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 204.00 Category/Type
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B. Jason Krisch Full Name (Last, First, Middle Initial) Mailing Address 541 Malibu Dr. City Magnolia State NJ Zip Code 08049 Purpose of Disbursement Field 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: 30b-16-02463-02546 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 60.00 Category/Type
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C. Stephen MacNeir Full Name (Last, First, Middle Initial) Mailing Address 2612 Gladwyn Ave. City Pennsauken State NJ Zip Code 08109 Purpose of Disbursement Field 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: 30b-16-02464-02547 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 51.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	315.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 205 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Jessica Maister Full Name (Last, First, Middle Initial) Mailing Address 1807 Fireside Ln. City Cherry Hill State NJ Zip Code 08003 Purpose of Disbursement Field 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: 30b-16-02465-02548 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 66.00
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B. Phillipe Nguyen Full Name (Last, First, Middle Initial) Mailing Address 510 Dwight Ave City Collingswood State NJ Zip Code 08108 Purpose of Disbursement Field 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: 30b-16-02467-02550 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 147.00
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C. Alexander Olivas Full Name (Last, First, Middle Initial) Mailing Address 1023 N 33rd St City Camden State NJ Zip Code 08105 Purpose of Disbursement Field 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: 30b-16-02468-02551 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 156.00
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SUBTOTAL of Disbursements This Page (optional) ▶	369.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 206 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Michael Olson Full Name (Last, First, Middle Initial) Mailing Address 111 Troy Ave. City Bellmawr State NJ Zip Code 08031 Purpose of Disbursement Field 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: 30b-16-02469-02552 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 100.75 Category/Type
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B. Paul Olszewski Full Name (Last, First, Middle Initial) Mailing Address 321 Huntington Ave City Glendora State NJ Zip Code 08029 Purpose of Disbursement Field 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: 30b-16-02470-02553 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 69.00 Category/Type
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C. Monna M. Provost Full Name (Last, First, Middle Initial) Mailing Address 14 Merion Terr. City Collingswood State NJ Zip Code 08108 Purpose of Disbursement Field 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: 30b-16-02473-02556 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 87.75 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶

257.50

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 207 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

<p>A. Lateisha Roberson</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 2512 N. 12th St.</p> <p>City Philadelphia State PA Zip Code 19133</p> <p>Purpose of Disbursement Field 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>Transaction ID: 30b-16-02474-02557</p> <p>Date of Disbursement 11 / 05 / 2005</p> <p>Amount of Each Disbursement this Period 204.00</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/ Type</p>

<p>B. Jean Rocourt</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Camden County Democratic Organizat 501 N. 22nd St.</p> <p>City Philadelphia State PA Zip Code 19130</p> <p>Purpose of Disbursement Field 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>Transaction ID: 30b-16-02475-02558</p> <p>Date of Disbursement 11 / 05 / 2005</p> <p>Amount of Each Disbursement this Period 132.00</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/ Type</p>

<p>C. Joe Rovner</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 2319 TrolleyBridge Rd.</p> <p>City Quakertown State PA Zip Code 18951</p> <p>Purpose of Disbursement Field 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>Transaction ID: 30b-16-02476-02559</p> <p>Date of Disbursement 11 / 05 / 2005</p> <p>Amount of Each Disbursement this Period 132.00</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/ Type</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>468.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 208 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Alan Smith		Transaction ID: 30b-16-02477-02560 Date of Disbursement 11 / 05 / 2005	
Mailing Address 1614 S. 27th St.		Amount of Each Disbursement this Period 204.00	
City Philadelphia State PA Zip Code 19145	Purpose of Disbursement Field 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) ▼		

Full Name (Last, First, Middle Initial) B. Joseph Smith		Transaction ID: 30b-16-02478-02561 Date of Disbursement 11 / 05 / 2005	
Mailing Address 1614 S. 27th St.		Amount of Each Disbursement this Period 144.00	
City Philadelphia State PA Zip Code 19145	Purpose of Disbursement Field 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) ▼		

Full Name (Last, First, Middle Initial) C. Victoria Tresko		Transaction ID: 30b-16-02479-02562 Date of Disbursement 11 / 05 / 2005	
Mailing Address 858 N. 17th St.		Amount of Each Disbursement this Period 132.00	
City Philadelphia State PA Zip Code 19130	Purpose of Disbursement Field 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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	480.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 209 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Israel Tubens Full Name (Last, First, Middle Initial) Mailing Address 6023 Main St. City Voorhees State NJ Zip Code 08043 Purpose of Disbursement Field 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: 30b-16-02480-02563 Date of Disbursement: M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5 Amount of Each Disbursement this Period: 360.00 Category/Type
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B. Storme Webber Full Name (Last, First, Middle Initial) Mailing Address 5023 Cedar Ave. City Philadelphia State PA Zip Code 19143 Purpose of Disbursement Field 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: 30b-16-02481-02564 Date of Disbursement: M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5 Amount of Each Disbursement this Period: 60.00 Category/Type
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C. Bruce Williams Full Name (Last, First, Middle Initial) Mailing Address 2749 North Congress Rd City Camden State NJ Zip Code 08105 Purpose of Disbursement Field 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: 30b-16-02484-02567 Date of Disbursement: M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5 Amount of Each Disbursement this Period: 40.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	460.00
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 210 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Gregory Parks		Transaction ID: 30b-16-02486-02569 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 958 Jackson St		Amount of Each Disbursement this Period 40.00
City Camden State NJ Zip Code 08105	Purpose of Disbursement Field 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) ▼	

Full Name (Last, First, Middle Initial) B. Jerome Taylor		Transaction ID: 30b-16-02487-02570 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 2928 North Constitution Rd		Amount of Each Disbursement this Period 80.00
City Camden State NJ Zip Code 08105	Purpose of Disbursement Field 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) ▼	

Full Name (Last, First, Middle Initial) C. Jerquin Gathers		Transaction ID: 30b-16-02488-02571 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 1519 Thorn St Apt A		Amount of Each Disbursement this Period 40.00
City Camden State NJ Zip Code 08105	Purpose of Disbursement Field 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	160.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 211 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

<p>A. Vance Burns</p> <p>Full Name (Last, First, Middle Initial) Vance Burns</p> <p>Mailing Address 1348 Chase St</p> <p>City Camden State NJ Zip Code 08105</p> <p>Purpose of Disbursement Field 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>Transaction ID: 30b-16-02495-02578</p> <p>Date of Disbursement 11 / 05 / 2005</p> <p>Amount of Each Disbursement this Period 40.00</p>
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<p>B. Willie Hunter</p> <p>Full Name (Last, First, Middle Initial) Willie Hunter</p> <p>Mailing Address 578 Clinton St</p> <p>City Camden State NJ Zip Code 08105</p> <p>Purpose of Disbursement Field 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>Transaction ID: 30b-16-02496-02579</p> <p>Date of Disbursement 11 / 05 / 2005</p> <p>Amount of Each Disbursement this Period 80.00</p>
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<p>C. Angel Alamo</p> <p>Full Name (Last, First, Middle Initial) Angel Alamo</p> <p>Mailing Address 891 N. 27th St.</p> <p>City Camden State NJ Zip Code 08105</p> <p>Purpose of Disbursement Field 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>Transaction ID: 30b-16-02497-02580</p> <p>Date of Disbursement 11 / 05 / 2005</p> <p>Amount of Each Disbursement this Period 78.00</p>
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<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>198.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 212 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Eric Alexander Full Name (Last, First, Middle Initial) Mailing Address 2108 N. Broad St. City Philadelphia State PA Zip Code 19121 Purpose of Disbursement Field 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: 30b-16-02498-02581 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 144.00 Category/Type
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B. Kimberly Backus Full Name (Last, First, Middle Initial) Mailing Address 5909 Elmhurst City Philadelphia State PA Zip Code 19149 Purpose of Disbursement Field 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: 30b-16-02499-02582 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 246.00 Category/Type
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C. Daniel Beller Full Name (Last, First, Middle Initial) Mailing Address 1807 Fireside Ln. City Cherry Hill State NJ Zip Code 08003 Purpose of Disbursement Field 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: 30b-16-02500-02583 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 72.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	462.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 213 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Julie Blust Full Name (Last, First, Middle Initial) Mailing Address 1241 S. Carlisle St. City Philadelphia State PA Zip Code 19146 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-02501-02584 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 164.33 Category/Type
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B. Benjamin Brandau Full Name (Last, First, Middle Initial) Mailing Address 1859 W. Camac St. City Philadelphia State PA Zip Code 19122 Purpose of Disbursement Field 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: 30b-16-02502-02585 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 72.00 Category/Type
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C. Harold Brotman Full Name (Last, First, Middle Initial) Mailing Address 309 Iris Rd. City Cherry Hill State NJ Zip Code 08003 Purpose of Disbursement Field 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: 30b-16-02503-02586 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 192.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	428.33
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 214 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Amanda Brown		Transaction ID: 30b-16-02504-02587 Date of Disbursement 11 / 05 / 2005	
Mailing Address 2932 Roydon St.		Amount of Each Disbursement this Period 123.00	
City Camden State NJ Zip Code 08105	Purpose of Disbursement Field 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) ▼		

Full Name (Last, First, Middle Initial) B. Raana Choudhry		Transaction ID: 30b-16-02506-02589 Date of Disbursement 11 / 05 / 2005	
Mailing Address 208 Drake Rd		Amount of Each Disbursement this Period 60.00	
City Cherry Hill State NJ Zip Code 08034	Purpose of Disbursement Field 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) ▼		

Full Name (Last, First, Middle Initial) C. James Cicalese		Transaction ID: 30b-16-02507-02590 Date of Disbursement 11 / 05 / 2005	
Mailing Address 212 Cardinal Dr.		Amount of Each Disbursement this Period 186.00	
City Bellmawr State NJ Zip Code 08031	Purpose of Disbursement Field 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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	369.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 215 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. David Cornish Full Name (Last, First, Middle Initial) Mailing Address 2947 Columbia City Bensalem State PA Zip Code 19020 Purpose of Disbursement Field 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: 30b-16-02508-02591 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 84.50 Category/Type
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B. Grace Crosby Full Name (Last, First, Middle Initial) Mailing Address 61 Villinova Ct. City Sicklerville State NJ Zip Code 08081 Purpose of Disbursement Field 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: 30b-16-02509-02592 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 333.00 Category/Type
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C. Ebony Dingle Full Name (Last, First, Middle Initial) Mailing Address 17 Elbow Lane City Malvern State PA Zip Code 19122 Purpose of Disbursement Field 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: 30b-16-02511-02594 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 72.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	489.50
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 216 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Ivan Ellison		Transaction ID: 30b-16-02512-02595 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5	
Mailing Address 1712 Willow Place		Amount of Each Disbursement this Period 65.00	
City Clementon State NJ Zip Code 08021	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	State: District:		

B. Full Name (Last, First, Middle Initial) Trishtan Ellison		Transaction ID: 30b-16-02513-02596 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5	
Mailing Address 1712 Willow Place		Amount of Each Disbursement this Period 60.00	
City Clementon State NJ Zip Code 08021	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	State: District:		

C. Full Name (Last, First, Middle Initial) Danielle Garcia		Transaction ID: 30b-16-02515-02598 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5	
Mailing Address 1141 Sheridan Ave.		Amount of Each Disbursement this Period 66.00	
City Bellmawr State NJ Zip Code 08031	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	191.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 217 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Dollie Gates Full Name (Last, First, Middle Initial) Mailing Address 801 Cooper Landing Rd City Cherry Hill State NJ Zip Code 08034 Purpose of Disbursement Field 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: 30b-16-02516-02599 Date of Disbursement: M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5 Amount of Each Disbursement this Period: 393.00 Category/Type
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B. Melishia Gates Full Name (Last, First, Middle Initial) Mailing Address 801 Cooper Landing Rd City Cherry Hill State NJ Zip Code 08034 Purpose of Disbursement Field 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: 30b-16-02517-02600 Date of Disbursement: M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5 Amount of Each Disbursement this Period: 96.00 Category/Type
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C. Danny Hanson Full Name (Last, First, Middle Initial) Mailing Address 22 Willow Ridge Rd. City Marlton State NJ Zip Code 08053 Purpose of Disbursement Field 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: 30b-16-02519-02602 Date of Disbursement: M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5 Amount of Each Disbursement this Period: 140.85 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	629.85
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 218 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Serita Hayden		Transaction ID: 30b-16-02521-02604 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5	
Mailing Address 1716 Scattergood St.		Amount of Each Disbursement this Period 72.00	
City Philadelphia State PA Zip Code 19124	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	State: District:		

Full Name (Last, First, Middle Initial) B. Enriquillo Jose		Transaction ID: 30b-16-02523-02606 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5	
Mailing Address 358 Morse St		Amount of Each Disbursement this Period 148.68	
City Camden State NJ Zip Code 08105	Purpose of Disbursement Field Consulting Services	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	State: District:		

Full Name (Last, First, Middle Initial) C. Kirk Kerrin		Transaction ID: 30b-16-02524-02607 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5	
Mailing Address 103 ColtsNeck Dr.		Amount of Each Disbursement this Period 78.00	
City Sicklerville State NJ Zip Code 08083	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	298.68
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 219 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Rita Kolodny Full Name (Last, First, Middle Initial) Mailing Address 707 Kings Croft City Cherry Hill State NJ Zip Code 08034 Purpose of Disbursement Field 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: 30b-16-02526-02609 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 234.00 Category/Type
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B. Jeff Kramer Full Name (Last, First, Middle Initial) Mailing Address 10 Canterbury Ct. City Marlton State NJ Zip Code 08053 Purpose of Disbursement Field 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: 30b-16-02527-02610 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 72.00 Category/Type
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C. Jason Krisch Full Name (Last, First, Middle Initial) Mailing Address 541 Malibu Dr. City Magnolia State NJ Zip Code 08049 Purpose of Disbursement Field 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: 30b-16-02528-02611 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 72.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	378.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 220 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Jesse Kudler Full Name (Last, First, Middle Initial) Mailing Address 1219 S. Melville St. City Philadelphia State PA Zip Code 19143 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-02529-02612 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 195.63 Category/Type
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B. Adam Leaf Full Name (Last, First, Middle Initial) Mailing Address 5146 Parrish St. City Philadelphia State PA Zip Code 19139 Purpose of Disbursement Field 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: 30b-16-02530-02613 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 72.00 Category/Type
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C. Ana Luna Full Name (Last, First, Middle Initial) Mailing Address 155 N 32nd St City Camden State NJ Zip Code 08105 Purpose of Disbursement Field 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: 30b-16-02531-02614 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 516.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	783.63
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 221 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Jessica Maister Full Name (Last, First, Middle Initial) Mailing Address 1807 Fireside Ln. City Cherry Hill State NJ Zip Code 08003 Purpose of Disbursement Field 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: 30b-16-02532-02615 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 243.00 Category/Type
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B. Deborah McAneny Full Name (Last, First, Middle Initial) Mailing Address 34 Appletree Ln. City Sewell State NJ Zip Code 08080 Purpose of Disbursement Field 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: 30b-16-02533-02616 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 18.00 Category/Type
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C. Maureen McGowan Full Name (Last, First, Middle Initial) Mailing Address 125 Kathleen Ave. City Delran State NJ Zip Code 08075 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-02534-02617 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 133.03 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	394.03
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 222 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Shoshana Milovsky		Transaction ID: 30b-16-02535-02618 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 1741 Frank Waldo Rd.		Amount of Each Disbursement this Period 54.00
City Waterford State NJ Zip Code 08089	Purpose of Disbursement Field 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) ▼	

Full Name (Last, First, Middle Initial) B. Amanda Morninghoff		Transaction ID: 30b-16-02536-02619 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 1309 Poplar Ave		Amount of Each Disbursement this Period 264.00
City Voorhees State NJ Zip Code 08043	Purpose of Disbursement Field 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) ▼	

Full Name (Last, First, Middle Initial) C. Denise Olson		Transaction ID: 30b-16-02537-02620 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 111 Troy Ave.		Amount of Each Disbursement this Period 18.00
City Bellmawr State NJ Zip Code 08031	Purpose of Disbursement Field 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	336.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 223 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Michael Olson Full Name (Last, First, Middle Initial) Mailing Address 111 Troy Ave. City Bellmawr State NJ Zip Code 08031 Purpose of Disbursement Field 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: 30b-16-02539-02622 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 26.00 Category/Type
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B. Paul Olszewski Full Name (Last, First, Middle Initial) Mailing Address 321 Huntington Ave City Glendora State NJ Zip Code 08029 Purpose of Disbursement Field 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: 30b-16-02540-02623 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 132.00 Category/Type
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C. Monna M. Provost Full Name (Last, First, Middle Initial) Mailing Address 14 Merion Terr. City Collingswood State NJ Zip Code 08108 Purpose of Disbursement Field 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: 30b-16-02541-02624 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 120.25 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	278.25
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 224 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Julia Ramsey		Transaction ID: 30b-16-02542-02625 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 25 Crescent Ln.		Amount of Each Disbursement this Period 148.68
City Levittown State PA Zip Code 19055	Purpose of Disbursement Field Consulting 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) ▼	
B. Full Name (Last, First, Middle Initial) Nick Ramsey		Transaction ID: 30b-16-02543-02626 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 25 Crescent Ln.		Amount of Each Disbursement this Period 141.00
City Levittown State PA Zip Code 19055	Purpose of Disbursement Field 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) ▼	
C. Full Name (Last, First, Middle Initial) Lateisha Roberson		Transaction ID: 30b-16-02544-02627 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 2512 N. 12th St.		Amount of Each Disbursement this Period 72.00
City Philadelphia State PA Zip Code 19133	Purpose of Disbursement Field 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ►

361.68

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 225 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Jean Rocourt		Transaction ID: 30b-16-02545-02628 Date of Disbursement 11 / 05 / 2005
Mailing Address Camden County Democratic Organizat 501 N. 22nd St.		Amount of Each Disbursement this Period 72.00
City Philadelphia	State PA	
Zip Code 19130		Category/ Type
Purpose of Disbursement Field Consulting		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. Consuelo Rodriguez		Transaction ID: 30b-16-02546-02629 Date of Disbursement 11 / 05 / 2005
Mailing Address 5331 Mansion Blvd.		Amount of Each Disbursement this Period 126.00
City Merchantville	State NJ	
Zip Code 08109		Category/ Type
Purpose of Disbursement Field Consulting		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) C. Jared Schultz		Transaction ID: 30b-16-02548-02631 Date of Disbursement 11 / 05 / 2005
Mailing Address 3208 H St.		Amount of Each Disbursement this Period 159.00
City Philadelphia	State PA	
Zip Code 19134		Category/ Type
Purpose of Disbursement Field Consulting		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶	357.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 226 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Alan Smith		Transaction ID: 30b-16-02549-02632 Date of Disbursement 11 / 05 / 2005	
Mailing Address 1614 S. 27th St.		Amount of Each Disbursement this Period 144.00	
City Philadelphia State PA Zip Code 19145	Purpose of Disbursement Field 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) ▼		

Full Name (Last, First, Middle Initial) B. Joseph Smith		Transaction ID: 30b-16-02550-02633 Date of Disbursement 11 / 05 / 2005	
Mailing Address 1614 S. 27th St.		Amount of Each Disbursement this Period 72.00	
City Philadelphia State PA Zip Code 19145	Purpose of Disbursement Field 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) ▼		

Full Name (Last, First, Middle Initial) C. Isaac Aku, Jr.		Transaction ID: 30b-16-02553-02636 Date of Disbursement 11 / 05 / 2005	
Mailing Address 7 High St.		Amount of Each Disbursement this Period 66.00	
City New Brunswick State NJ Zip Code 08901	Purpose of Disbursement Field 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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	282.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 227 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Liza Arch		Transaction ID: 30b-16-02555-02638 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5	
Mailing Address 70 Juliet St.		Amount of Each Disbursement this Period 402.00	
City New Brunswick State NJ Zip Code 08901	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	State: District:		

B. Full Name (Last, First, Middle Initial) Stephen Birmingham		Transaction ID: 30b-16-02556-02639 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5	
Mailing Address 8 Milliken Rd		Amount of Each Disbursement this Period 329.00	
City Sayerville State NJ Zip Code 08872	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	State: District:		

C. Full Name (Last, First, Middle Initial) Antonio Bowser		Transaction ID: 30b-16-02557-02640 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5	
Mailing Address 5 Clifton St.		Amount of Each Disbursement this Period 210.00	
City Somerset State NJ Zip Code 08873	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	State: District:		

SUBTOTAL of Disbursements This Page (optional) ► 941.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 228 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Sirjode Character Full Name (Last, First, Middle Initial) Mailing Address 813 Coventry Ln City Somerset State NJ Zip Code 08873 Purpose of Disbursement Field 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: 30b-16-02558-02641 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5 Amount of Each Disbursement this Period 354.00 Category/Type
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B. Nathan Carter Full Name (Last, First, Middle Initial) Mailing Address 17 Comstock St. City New Brunswick State NJ Zip Code 08901 Purpose of Disbursement Field 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: 30b-16-02559-02642 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5 Amount of Each Disbursement this Period 133.00 Category/Type
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C. Wesley Carter Full Name (Last, First, Middle Initial) Mailing Address 232 Shirley Prkw City Piscataway State NJ Zip Code 08854 Purpose of Disbursement Field 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: 30b-16-02560-02643 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5 Amount of Each Disbursement this Period 469.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	956.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 229 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. DaShun Cathcart Full Name (Last, First, Middle Initial) Mailing Address 34479 RPO Wy City New Brunswick State NJ Zip Code 08901 Purpose of Disbursement Field Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: 30b-16-02561-02644 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 198.00 Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Usman Chaudhry Full Name (Last, First, Middle Initial) Mailing Address 16538 Cpo Wy City New Brunswick State NJ Zip Code 08901 Purpose of Disbursement Field Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: 30b-16-02562-02645 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 258.00 Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Andre Childs Full Name (Last, First, Middle Initial) Mailing Address 382 Dryden St. City Piscataway State NJ Zip Code 08854 Purpose of Disbursement Field Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: 30b-16-02563-02646 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 276.00 Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	732.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 230 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Jonathan Collado		Transaction ID: 30b-16-02564-02647 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 677 Wood Ave		Amount of Each Disbursement this Period 66.00
City North Brunswick State NJ Zip Code 08902	Purpose of Disbursement Field 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) ▼	

B. Full Name (Last, First, Middle Initial) Jon Cooper		Transaction ID: 30b-16-02565-02648 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 100 Hoffman Blvd		Amount of Each Disbursement this Period 96.00
City New Brunswick State NJ Zip Code 08901	Purpose of Disbursement Field 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) ▼	

C. Full Name (Last, First, Middle Initial) Daniel Cremin		Transaction ID: 30b-16-02566-02649 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 345 Daniel St		Amount of Each Disbursement this Period 66.00
City Dover State NJ Zip Code 07801	Purpose of Disbursement Field 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	228.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 231 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Anisha Datwani		Transaction ID: 30b-16-02567-02650 Date of Disbursement MM / DD / YYYY 11 / 05 / 2005	
Mailing Address 10544 LPO Wy		Amount of Each Disbursement this Period 66.00	
City Piscataway	State NJ	Zip Code 08854	Category/ Type
Purpose of Disbursement Field Consulting			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Amir Dawud		Transaction ID: 30b-16-02568-02651 Date of Disbursement MM / DD / YYYY 11 / 05 / 2005	
Mailing Address 190 Remsen Ave		Amount of Each Disbursement this Period 186.00	
City New Brunswick	State NJ	Zip Code 08901	Category/ Type
Purpose of Disbursement Field Consulting			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Alexander Delmouzou		Transaction ID: 30b-16-02569-02652 Date of Disbursement MM / DD / YYYY 11 / 05 / 2005	
Mailing Address 73 Plum St.		Amount of Each Disbursement this Period 66.00	
City North Brunswick	State NJ	Zip Code 08902	Category/ Type
Purpose of Disbursement Field Consulting			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	318.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 232 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Brian DeShields		Transaction ID: 30b-16-02570-02653 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5	
Mailing Address 901 Rose Hill Pkwy		Amount of Each Disbursement this Period 66.00	
City North Cape May State NJ Zip Code 08204	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. David Draine		Transaction ID: 30b-16-02571-02654 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5	
Mailing Address 229 Shadybrook Ln		Amount of Each Disbursement this Period 552.00	
City Princeton State NJ Zip Code 08540	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Maria Feldman		Transaction ID: 30b-16-02572-02655 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5	
Mailing Address 39 Farmhaven Ave		Amount of Each Disbursement this Period 72.00	
City Edison State NJ Zip Code 08817	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	690.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 233 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Abdul Glover Full Name (Last, First, Middle Initial) Mailing Address 20 Abeel St. City New Brunswick State NJ Zip Code 08901 Purpose of Disbursement Field 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: 30b-16-02573-02656 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 180.00 Category/Type
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B. Bentee Goines Full Name (Last, First, Middle Initial) Mailing Address 213 Royal Court City Somerset State NJ Zip Code 08873 Purpose of Disbursement Field 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: 30b-16-02574-02657 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 66.00 Category/Type
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C. Adrienne Greene Full Name (Last, First, Middle Initial) Mailing Address 9125 Sunset Ridge City Randals town State MD Zip Code 21133 Purpose of Disbursement Field 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: 30b-16-02575-02658 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 60.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	306.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 234 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Donna White		Transaction ID: 30b-16-02576-02659 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5	
Mailing Address 100 Haffman Blvd		Amount of Each Disbursement this Period 48.00	
City New Brunswick State NJ Zip Code 08901	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Stephane Horwitz		Transaction ID: 30b-16-02577-02660 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5	
Mailing Address 5 Carter Rd		Amount of Each Disbursement this Period 66.00	
City East Brunswick State NJ Zip Code 08816	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Derek Huang		Transaction ID: 30b-16-02579-02662 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5	
Mailing Address 1120 Alessandrini Ave		Amount of Each Disbursement this Period 132.00	
City New Milford State NJ Zip Code 07646	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	246.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 235 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Frederick Izquierdo		Transaction ID: 30b-16-02580-02663 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 189 Main St.		Amount of Each Disbursement this Period 198.00
City Sayerville State NJ Zip Code 08872	Purpose of Disbursement Field 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) ▼	

Full Name (Last, First, Middle Initial) B. Abigail Julian		Transaction ID: 30b-16-02582-02665 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 808 Benner St.		Amount of Each Disbursement this Period 168.00
City Highland Park State NJ Zip Code 08904	Purpose of Disbursement Field 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) ▼	

Full Name (Last, First, Middle Initial) C. Mary Klimik		Transaction ID: 30b-16-02583-02666 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 56 Avenel St.		Amount of Each Disbursement this Period 498.00
City Avenel State NJ Zip Code 07001	Purpose of Disbursement Field 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	864.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 236 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. George Kostis		Transaction ID: 30b-16-02584-02667 Date of Disbursement 11 / 05 / 2005	
Mailing Address 2064 Rt. 1 North		Amount of Each Disbursement this Period 66.00	
City North Brunswick State NJ Zip Code 08902	Purpose of Disbursement Field 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) ▼		

Full Name (Last, First, Middle Initial) B. Freddy Ledesma		Transaction ID: 30b-16-02585-02668 Date of Disbursement 11 / 05 / 2005	
Mailing Address 70 Juliet St.		Amount of Each Disbursement this Period 448.00	
City New Brunswick State NJ Zip Code 08901	Purpose of Disbursement Field 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) ▼		

Full Name (Last, First, Middle Initial) C. Isaac Lee		Transaction ID: 30b-16-02586-02669 Date of Disbursement 11 / 05 / 2005	
Mailing Address 320 W. Branch Ave		Amount of Each Disbursement this Period 72.00	
City Pine Hill State NJ Zip Code 08021	Purpose of Disbursement Field 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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	586.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 237 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Steve Lenox		Transaction ID: 30b-16-02587-02670 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 29 Front St		Amount of Each Disbursement this Period 480.00
City Jamesburg State NJ Zip Code 08831	Purpose of Disbursement Field 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) ▼	Category/ Type

B. Full Name (Last, First, Middle Initial) Jasmine Lewis-Ileks		Transaction ID: 30b-16-02588-02671 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 78 Ceder Ln		Amount of Each Disbursement this Period 66.00
City Highland Park State NJ Zip Code 08904	Purpose of Disbursement Field 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) ▼	Category/ Type

C. Full Name (Last, First, Middle Initial) Jonah Lipman-Stern		Transaction ID: 30b-16-02589-02672 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 512 S. Sceond Ave		Amount of Each Disbursement this Period 120.00
City Highland Park State NJ Zip Code 08904	Purpose of Disbursement Field 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) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	666.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 238 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Andrew Llera		Transaction ID: 30b-16-02590-02673 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 36 Abbott Rd		Amount of Each Disbursement this Period 66.00
City Somerset State NJ Zip Code 08857	Purpose of Disbursement Field 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) ▼	

B. Full Name (Last, First, Middle Initial) Patrick Malhotra		Transaction ID: 30b-16-02591-02674 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 32 Woodmere Rd		Amount of Each Disbursement this Period 138.00
City North Brunswick State NJ Zip Code 08902	Purpose of Disbursement Field 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) ▼	

C. Full Name (Last, First, Middle Initial) Nimrah Malik		Transaction ID: 30b-16-02592-02675 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 7 Jenna Ln		Amount of Each Disbursement this Period 132.00
City Edison State NJ Zip Code 08817	Purpose of Disbursement Field 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	336.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 239 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Chiquita Malvo Full Name (Last, First, Middle Initial) Mailing Address 190 Remsen Ave City New Brunswick State NJ Zip Code 08901 Purpose of Disbursement Field 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: 30b-16-02593-02676 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 66.00 Category/Type
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B. Lana Moy Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 580 City Bernardsville State NJ Zip Code 07924 Purpose of Disbursement Field 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: 30b-16-02594-02677 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 66.00 Category/Type
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C. Ngam Ngangmuta Full Name (Last, First, Middle Initial) Mailing Address 7 High St. City New Brunswick State NJ Zip Code 08901 Purpose of Disbursement Field 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: 30b-16-02597-02680 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 66.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	198.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 240 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Tosam Ngangmuta Full Name (Last, First, Middle Initial) Mailing Address 19 Hughes Rd City Somerset State NJ Zip Code 08873 Purpose of Disbursement Field 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: 30b-16-02598-02681 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 354.00 Category/Type
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B. Brenda Parker Full Name (Last, First, Middle Initial) Mailing Address 7 Koster Blvd City New Brunswick State NJ Zip Code 08901 Purpose of Disbursement Field 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: 30b-16-02599-02682 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 330.00 Category/Type
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C. Alex Pippiws Full Name (Last, First, Middle Initial) Mailing Address 296 Orange St. City Newark State NJ Zip Code 07103 Purpose of Disbursement Field 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: 30b-16-02600-02683 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 264.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	948.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 241 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) John Prignano		Transaction ID: 30b-16-02603-02686 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5	
Mailing Address 38 Sicard St.		Amount of Each Disbursement this Period 66.00	
City New Brunswick State NJ Zip Code 08901	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

B. Full Name (Last, First, Middle Initial) Brandon Raver		Transaction ID: 30b-16-02604-02687 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5	
Mailing Address 3001 Birchwood Ct.		Amount of Each Disbursement this Period 318.00	
City North Brunswick State NJ Zip Code 08902	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

C. Full Name (Last, First, Middle Initial) Guy Romano		Transaction ID: 30b-16-02605-02688 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5	
Mailing Address 216 Jackson Ave		Amount of Each Disbursement this Period 66.00	
City Edison State NJ Zip Code 08837	Purpose of Disbursement Field Consulting	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	450.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 242 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Nessa Rosenstien		Transaction ID: 30b-16-02606-02689 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5	
Mailing Address 223 South Third Ave		Amount of Each Disbursement this Period 66.00	
City Highland Park	State NJ		Zip Code 08904
Purpose of Disbursement Field Consulting			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. James Roussos		Transaction ID: 30b-16-02607-02690 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5	
Mailing Address 96 Central		Amount of Each Disbursement this Period 618.00	
City New Brunswick	State NJ		Zip Code 08901
Purpose of Disbursement Field Consulting			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Lauren Russell-Pank		Transaction ID: 30b-16-02608-02691 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5	
Mailing Address 323D. Crowels Rd.		Amount of Each Disbursement this Period 126.00	
City Highland Park	State NJ		Zip Code 08904
Purpose of Disbursement Field Consulting			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	810.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 243 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Deanna Sieke Full Name (Last, First, Middle Initial) Mailing Address 216 Jackson Ave City Edison State NJ Zip Code 08837 Purpose of Disbursement Field 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: 30b-16-02609-02692 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 66.00 Category/Type
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B. Oba Simmonds Full Name (Last, First, Middle Initial) Mailing Address 328 Halstro St. City East Orange State NJ Zip Code 07017 Purpose of Disbursement Field 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: 30b-16-02610-02693 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 66.00 Category/Type
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C. Kolby Stephens Full Name (Last, First, Middle Initial) Mailing Address 10 Barlett St. City New Brunswick State NJ Zip Code 08901 Purpose of Disbursement Field 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: 30b-16-02611-02694 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 330.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	462.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 244 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Gayathri Suswaram		Transaction ID: 30b-16-02612-02695 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 25 Warwiell St.		Amount of Each Disbursement this Period 198.00
City Isllin State NJ Zip Code 08830	Purpose of Disbursement Field 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) ▼	

Full Name (Last, First, Middle Initial) B. Tahoorah Syed		Transaction ID: 30b-16-02613-02696 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 24 Aspen Dr.		Amount of Each Disbursement this Period 66.00
City North Brunswick State NJ Zip Code 08902	Purpose of Disbursement Field 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) ▼	

Full Name (Last, First, Middle Initial) C. Michael Thomas		Transaction ID: 30b-16-02614-02697 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 4 Lafberry		Amount of Each Disbursement this Period 660.00
City New Brunswick State NJ Zip Code 08901	Purpose of Disbursement Field 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	924.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 245 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Courtney Tyner		Transaction ID: 30b-16-02615-02698 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 512 S. Sceond Ave		Amount of Each Disbursement this Period 240.00
City Highland Park State NJ Zip Code 08904	Purpose of Disbursement Field Consulting Candidate Name <input type="checkbox"/> 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) ▼	

Full Name (Last, First, Middle Initial) B. Chris Valentine		Transaction ID: 30b-16-02616-02699 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 161 Jacoby St.		Amount of Each Disbursement this Period 144.00
City Maplewood State NJ Zip Code 07040	Purpose of Disbursement Field Consulting Candidate Name <input type="checkbox"/> 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) ▼	

Full Name (Last, First, Middle Initial) C. Jeffrey Venezia		Transaction ID: 30b-16-02617-02700 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 315 Ravens Dr.		Amount of Each Disbursement this Period 288.00
City Plainsboro State NJ Zip Code 08536	Purpose of Disbursement Field Consulting Candidate Name <input type="checkbox"/> 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	672.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 246 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Benjamin Wang Full Name (Last, First, Middle Initial) Mailing Address 126 Oakwood Ave. City Edison State NJ Zip Code 08837 Purpose of Disbursement Field 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: 30b-16-02618-02701 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 72.00 Category/Type
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B. Nichole Weed Full Name (Last, First, Middle Initial) Mailing Address 155 Summers Ave. City Piscataway State NJ Zip Code 08854 Purpose of Disbursement Field 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: 30b-16-02619-02702 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 420.00 Category/Type
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C. Sherry White Full Name (Last, First, Middle Initial) Mailing Address 181 Redmond Street City New Brunswick State NJ Zip Code 08901 Purpose of Disbursement Field 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: 30b-16-02620-02703 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 300.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	792.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 247 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Zack Wilder Full Name (Last, First, Middle Initial) Mailing Address 105 Carleton Ln City Mount Laurel State NJ Zip Code 08059 Purpose of Disbursement Field 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: 30b-16-02621-02704 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 126.00 Category/Type
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B. Anthony Williams Full Name (Last, First, Middle Initial) Mailing Address 50 Hassant St. City New Brunswick State NJ Zip Code 08901 Purpose of Disbursement Field 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: 30b-16-02622-02705 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 426.00 Category/Type
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C. Kenneth Woods Full Name (Last, First, Middle Initial) Mailing Address 382 Dryden St. City Piscataway State NJ Zip Code 08854 Purpose of Disbursement Field 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: 30b-16-02623-02706 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 354.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	906.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 248 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Adam Workman Full Name (Last, First, Middle Initial) Mailing Address 14 Quince Pl City North Brunswick State NJ Zip Code 08902 Purpose of Disbursement Field 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: 30b-16-02624-02707 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 96.00 Category/Type
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B. Gregory Worts Full Name (Last, First, Middle Initial) Mailing Address 98 High St. City Orange State NJ Zip Code 07050 Purpose of Disbursement Field 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: 30b-16-02625-02708 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 162.00 Category/Type
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C. Bill Zhang Full Name (Last, First, Middle Initial) Mailing Address 514 Overlook Dr. City Orange State NJ Zip Code 06477 Purpose of Disbursement Field 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: 30b-16-02626-02709 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 210.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	468.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 249 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Van Fussal		Transaction ID: 30b-16-02627-02710 Date of Disbursement 11 / 05 / 2005	
Mailing Address 130 Mickle Blvd		Amount of Each Disbursement this Period 150.00	
City Camden State NJ Zip Code 08104	Purpose of Disbursement Field 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) ▼		

Full Name (Last, First, Middle Initial) B. Abu Ahmadi		Transaction ID: 30b-16-02628-02711 Date of Disbursement 11 / 05 / 2005	
Mailing Address 309 Baldwin Lane		Amount of Each Disbursement this Period 180.00	
City Camden State NJ Zip Code 08105	Purpose of Disbursement Field 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) ▼		

Full Name (Last, First, Middle Initial) C. Marie Dunlapp-Price		Transaction ID: 30b-16-02629-02712 Date of Disbursement 11 / 05 / 2005	
Mailing Address 1272 Magnolia Ave.		Amount of Each Disbursement this Period 60.00	
City Camden State NJ Zip Code 08013	Purpose of Disbursement Field 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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶

390.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 250 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Joshua Brickhouse		Transaction ID: 30b-16-02630-02713 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 1213 North 32nd Street		Amount of Each Disbursement this Period 150.00
City Camden State NJ Zip Code 08105	Purpose of Disbursement Field 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Michael Clayton		Transaction ID: 30b-16-02631-02714 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 1142 Landowne Ave		Amount of Each Disbursement this Period 150.00
City Camden State NJ Zip Code 08103	Purpose of Disbursement Field 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Sankeya English		Transaction ID: 30b-16-02632-02715 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 1230 Chestnut St. Apt F		Amount of Each Disbursement this Period 150.00
City Camden State NJ Zip Code 08103	Purpose of Disbursement Field 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) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	450.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

PAGE 251 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Vardalarese Green		Transaction ID: 30b-16-02633-02716 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 110 Columbia Drive		Amount of Each Disbursement this Period 100.00
City Atco State NJ Zip Code 08004	Purpose of Disbursement Field 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Charles Robinson		Transaction ID: 30b-16-02634-02717 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 3059 River Road		Amount of Each Disbursement this Period 200.00
City Camden State NJ Zip Code 08105	Purpose of Disbursement Field 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Audrey Fergusson		Transaction ID: 30b-16-02636-02719 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 433 North 7th Street Apt 7T		Amount of Each Disbursement this Period 150.00
City Camden State NJ Zip Code 08105	Purpose of Disbursement Field 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) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	450.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 252 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Bruce Edward Still Full Name (Last, First, Middle Initial) Mailing Address 453B Morse Street City Camden State NJ Zip Code 08105 Purpose of Disbursement Field 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: 30b-16-02637-02720 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 70.00 Category/Type
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B. Terrcas Graham Full Name (Last, First, Middle Initial) Mailing Address 2102 sewell st City Camden State NJ Zip Code 08105 Purpose of Disbursement Field 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: 30b-16-02638-02721 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 100.00 Category/Type
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C. Gladys Gibbs Full Name (Last, First, Middle Initial) Mailing Address 326 Spruce St. City Camden State NJ Zip Code 08103 Purpose of Disbursement Field 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: 30b-16-02640-02723 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 250.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	420.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 253 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. James Harris Full Name (Last, First, Middle Initial) Mailing Address 1546 Park Blvd City Camden State NJ Zip Code 08103 Purpose of Disbursement Field 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: 30b-16-02641-02724 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 100.00 Category/Type
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B. Theodore Maddox Full Name (Last, First, Middle Initial) Mailing Address 748 Pine St. City Camden State NJ Zip Code 08013 Purpose of Disbursement Field 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: 30b-16-02643-02726 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 50.00 Category/Type
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C. Dennis Petty Full Name (Last, First, Middle Initial) Mailing Address 500 N. 7th Apt. 2114 City Camden State NJ Zip Code 08102 Purpose of Disbursement Field 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: 30b-16-02644-02727 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 70.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	220.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 254 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Lisa Hutchinson Full Name (Last, First, Middle Initial) Mailing Address 514 State St City Camden State NJ Zip Code 08102 Purpose of Disbursement Field 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: 30b-16-02645-02728 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 150.00 Category/Type
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B. Nasario Dunn Full Name (Last, First, Middle Initial) Mailing Address 514 State St City Camden State NJ Zip Code 08102 Purpose of Disbursement Field 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: 30b-16-02646-02729 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 150.00 Category/Type
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C. Reba Thomas Full Name (Last, First, Middle Initial) Mailing Address 500 N 7th St City Camden State NJ Zip Code 08102 Purpose of Disbursement Field 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: 30b-16-02647-02730 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 35.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	335.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 255 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Johnny Pollit Full Name (Last, First, Middle Initial) Mailing Address 1325 Morton St City Camden State NJ Zip Code 08102 Purpose of Disbursement Field 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: 30b-16-02648-02731 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 35.00 Category/Type
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B. Sean Small Full Name (Last, First, Middle Initial) Mailing Address 8414 Balfour Rd City Pennsauken State NJ Zip Code 08110 Purpose of Disbursement Field 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: 30b-16-02650-02733 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 200.00 Category/Type
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C. Shawn Simpson Full Name (Last, First, Middle Initial) Mailing Address 420 West St City Camden State NJ Zip Code 08103 Purpose of Disbursement Field 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: 30b-16-02656-02739 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 200.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	435.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 256 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. John Wesley Full Name (Last, First, Middle Initial) Mailing Address 1505 Wildwood Ave City Camden State NJ Zip Code 08103 Purpose of Disbursement Field 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: 30b-16-02657-02740 Date of Disbursement 11 / 05 / 2005 Amount of Each Disbursement this Period 350.00 Category/Type
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B. Allied Office Supplies Full Name (Last, First, Middle Initial) Mailing Address 100 Delaware Ave City Clifton State NJ Zip Code 07014 Purpose of Disbursement Office Supplies 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: 30b-16-02661-02745 Date of Disbursement 11 / 06 / 2005 Amount of Each Disbursement this Period 584.58 Category/Type
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C. Nicole Nestopolous Full Name (Last, First, Middle Initial) Mailing Address 545 N. Newton Lake Dr - Ste C-1002 City Collingswood State NJ Zip Code 08107 Purpose of Disbursement Salary 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: 30b-16-02665-02750 Date of Disbursement 11 / 06 / 2005 Amount of Each Disbursement this Period 2322.58 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	3257.16
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 257 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. SEIU 1199 New Jersey		Transaction ID: 30b-16-02670-02757 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 5
Mailing Address 310 W. 43rd Street		Amount of Each Disbursement this Period 2280.00
City New York State NY Zip Code 10036	Purpose of Disbursement Canvassing Expenses	
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) ▼	

Full Name (Last, First, Middle Initial) B. Edwin Mosley		Transaction ID: 30b-16-02671-02758 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 5
Mailing Address 62 Gabriel Lane		Amount of Each Disbursement this Period 480.00
City Willingboro State NJ Zip Code 08046	Purpose of Disbursement Field Consulting 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) ▼	

Full Name (Last, First, Middle Initial) C. Ritzy Moralez		Transaction ID: 30b-16-02673-02760 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 5
Mailing Address 55 Aycrigg Avenue		Amount of Each Disbursement this Period 1000.00
City Passaic State NJ Zip Code 07055	Purpose of Disbursement Field Consulting 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3760.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 258 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Urban Projects, Inc.		Transaction ID: 30b-16-02676-02763 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5
Mailing Address 5407 Chestnut St		Amount of Each Disbursement this Period 4072.00
City Philadelphia	State PA	
Zip Code 19139		
Purpose of Disbursement Political Consulting Services		
Candidate Name		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:		

Full Name (Last, First, Middle Initial) B. George Laufenberg		Transaction ID: 30b-16-02677-02764 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5
Mailing Address 421 Ridge Ave		Amount of Each Disbursement this Period 37.50
City Collingswood	State NJ	
Zip Code 08107		
Purpose of Disbursement Telecommunications Expenses		
Candidate Name		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:		

Full Name (Last, First, Middle Initial) C. Calvin Shim		Transaction ID: 30b-16-02678-02765 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5
Mailing Address 1140A Edgewoo Ln		Amount of Each Disbursement this Period 37.50
City Fort Lee	State NJ	
Zip Code 07024		
Purpose of Disbursement Telecommunications Expenses		
Candidate Name		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) ▶	4147.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 259 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Angel Alamo		Transaction ID: 30b-16-02680-02767 Date of Disbursement 11 / 07 / 2005	
Mailing Address 891 N. 27th St.		Amount of Each Disbursement this Period 236.60	
City Camden State NJ Zip Code 08105	Purpose of Disbursement Field Consulting Services	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Eric Alexander		Transaction ID: 30b-16-02681-02768 Date of Disbursement 11 / 07 / 2005	
Mailing Address 2108 N. Broad St.		Amount of Each Disbursement this Period 63.00	
City Philadelphia State PA Zip Code 19121	Purpose of Disbursement Field Consulting Services	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Daniel Beller		Transaction ID: 30b-16-02682-02769 Date of Disbursement 11 / 07 / 2005	
Mailing Address 1807 Fireside Ln.		Amount of Each Disbursement this Period 36.00	
City Cherry Hill State NJ Zip Code 08003	Purpose of Disbursement Field Consulting Services	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	335.60
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 260 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Benjamin Brandau Full Name (Last, First, Middle Initial) Mailing Address 1859 W. Camac St. City Philadelphia State PA Zip Code 19122 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-02684-02771 Date of Disbursement 11 / 07 / 2005 Amount of Each Disbursement this Period 75.00 Category/Type
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B. Amanda Brown Full Name (Last, First, Middle Initial) Mailing Address 2932 Roydon St. City Camden State NJ Zip Code 08105 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-02685-02772 Date of Disbursement 11 / 07 / 2005 Amount of Each Disbursement this Period 72.00 Category/Type
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C. Raana Choudhry Full Name (Last, First, Middle Initial) Mailing Address 208 Drake Rd City Cherry Hill State NJ Zip Code 08034 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-02687-02774 Date of Disbursement 11 / 07 / 2005 Amount of Each Disbursement this Period 132.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	279.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 261 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. James Cicalese Full Name (Last, First, Middle Initial) Mailing Address 212 Cardinal Dr. City Bellmawr State NJ Zip Code 08031 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-02689-02776 Date of Disbursement 11 / 07 / 2005 Amount of Each Disbursement this Period 63.00 Category/Type
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B. David Cornish Full Name (Last, First, Middle Initial) Mailing Address 2947 Columbia City Bensalem State PA Zip Code 19020 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-02690-02777 Date of Disbursement 11 / 07 / 2005 Amount of Each Disbursement this Period 84.50 Category/Type
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C. Shakira Delfin Full Name (Last, First, Middle Initial) Mailing Address 2835 A Washington St. Apt A. City Camden State NJ Zip Code 08105 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-02692-02779 Date of Disbursement 11 / 07 / 2005 Amount of Each Disbursement this Period 60.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	207.50
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

PAGE 262 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Ebony Dingle		Transaction ID: 30b-16-02693-02780 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5
Mailing Address 17 Elbow Lane		Amount of Each Disbursement this Period 183.00
City Malvern State PA Zip Code 19122	Purpose of Disbursement Field Consulting 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) ▼

Full Name (Last, First, Middle Initial) B. Ivan Ellison		Transaction ID: 30b-16-02694-02781 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5
Mailing Address 1712 Willow Place		Amount of Each Disbursement this Period 63.00
City Clementon State NJ Zip Code 08021	Purpose of Disbursement Field Consulting 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) ▼

Full Name (Last, First, Middle Initial) C. Ivan Ellison		Transaction ID: 30b-16-02695-02782 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5
Mailing Address 1712 Willow Place		Amount of Each Disbursement this Period 81.25
City Clementon State NJ Zip Code 08021	Purpose of Disbursement Field Consulting 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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	327.25
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 263 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Trishtan Ellison		Transaction ID: 30b-16-02696-02783 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5
Mailing Address 1712 Willow Place		Amount of Each Disbursement this Period 63.00
City State Zip Code Clementon NJ 08021	Purpose of Disbursement Field Consulting Services Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Danielle Garcia		Transaction ID: 30b-16-02697-02784 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5
Mailing Address 1141 Sheridan Ave.		Amount of Each Disbursement this Period 126.00
City State Zip Code Bellmawr NJ 08031	Purpose of Disbursement Field Consulting Services Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Dollie Gates		Transaction ID: 30b-16-02698-02785 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5
Mailing Address 801 Cooper Landing Rd		Amount of Each Disbursement this Period 60.00
City State Zip Code Cherry Hill NJ 08034	Purpose of Disbursement Field Consulting Services Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	249.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

PAGE 264 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Melishia Gates		Transaction ID: 30b-16-02700-02787 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5
Mailing Address 801 Cooper Landing Rd		Amount of Each Disbursement this Period 50.00
City Cherry Hill State NJ Zip Code 08034	Category/ Type	
Purpose of Disbursement Field Consulting Services		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Nina Goldsmith		Transaction ID: 30b-16-02701-02788 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5
Mailing Address 124 Bickley Rd. Apt 3		Amount of Each Disbursement this Period 60.00
City Glenside State PA Zip Code 19038	Category/ Type	
Purpose of Disbursement Field Consulting Services		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Serita Hayden		Transaction ID: 30b-16-02702-02789 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5
Mailing Address 1716 Scattergood St.		Amount of Each Disbursement this Period 75.00
City Philadelphia State PA Zip Code 19124	Category/ Type	
Purpose of Disbursement Field Consulting Services		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	185.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 265 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Dennis Jackson		Transaction ID: 30b-16-02703-02790 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5
Mailing Address 1217 Spring Garden St. Apt. 207		Amount of Each Disbursement this Period 72.00
City Philadelphia State PA Zip Code 19123	Purpose of Disbursement Field Consulting Services Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Kirk Kerrin		Transaction ID: 30b-16-02705-02792 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5
Mailing Address 103 ColtsNeck Dr.		Amount of Each Disbursement this Period 159.25
City Sicklerville State NJ Zip Code 08083	Purpose of Disbursement Field Consulting Services Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Ashiq Khondker		Transaction ID: 30b-16-02706-02793 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5
Mailing Address 2011 S. Juniper St.		Amount of Each Disbursement this Period 123.00
City Philadelphia State PA Zip Code 19148	Purpose of Disbursement Field Consulting Services Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	354.25
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 266 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. David Krain Full Name (Last, First, Middle Initial) Mailing Address 5444 W. Montgomery Ave. City Philadelphia State PA Zip Code 19131 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-02707-02794 Date of Disbursement 11 / 07 / 2005 Amount of Each Disbursement this Period 198.00 Category/Type
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B. Jason Krisch Full Name (Last, First, Middle Initial) Mailing Address 541 Malibu Dr. City Magnolia State NJ Zip Code 08049 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-02708-02795 Date of Disbursement 11 / 07 / 2005 Amount of Each Disbursement this Period 60.00 Category/Type
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C. Adam Leaf Full Name (Last, First, Middle Initial) Mailing Address 5146 Parrish St. City Philadelphia State PA Zip Code 19139 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-02709-02796 Date of Disbursement 11 / 07 / 2005 Amount of Each Disbursement this Period 60.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	318.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 267 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Stephen MacNeir		Transaction ID: 30b-16-02710-02797 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5
Mailing Address 2612 Gladwyn Ave.		Amount of Each Disbursement this Period 120.00
City State Zip Code Pennsauken NJ 08109	Purpose of Disbursement Field Consulting Services Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Tamara G. Marsh		Transaction ID: 30b-16-02711-02798 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5
Mailing Address 3623 Fremont Ave.		Amount of Each Disbursement this Period 302.25
City State Zip Code Camden NJ 08105	Purpose of Disbursement Field Consulting Services Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Shoshana Milovsky		Transaction ID: 30b-16-02712-02799 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5
Mailing Address 1741 Frank Waldo Rd.		Amount of Each Disbursement this Period 60.00
City State Zip Code Waterford NJ 08089	Purpose of Disbursement Field Consulting Services Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	482.25
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 268 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Amanda Moninghoff Full Name (Last, First, Middle Initial) Mailing Address 1309 Poplar Ave. City Voorhees State NJ Zip Code 08043 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-02713-02800 Date of Disbursement 11 / 07 / 2005 Amount of Each Disbursement this Period 54.00 Category/Type
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B. Phillipe Nguyen Full Name (Last, First, Middle Initial) Mailing Address 510 Dwight Ave. City Collingswood State NJ Zip Code 08108 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-02715-02802 Date of Disbursement 11 / 07 / 2005 Amount of Each Disbursement this Period 60.00 Category/Type
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C. Alexander Olivas Full Name (Last, First, Middle Initial) Mailing Address 1023 N 33rd St City Camden State NJ Zip Code 08105 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-02716-02803 Date of Disbursement 11 / 07 / 2005 Amount of Each Disbursement this Period 60.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	174.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 269 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Kevin Paris Full Name (Last, First, Middle Initial) Mailing Address 220 Fifth St. City Blakely State PA Zip Code 18447 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-02718-02805 Date of Disbursement 11 / 07 / 2005 Amount of Each Disbursement this Period 63.00 Category/Type
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B. Christopher Pol Full Name (Last, First, Middle Initial) Mailing Address 876 N. Judson St. City Philadelphia State PA Zip Code 19130 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-02719-02806 Date of Disbursement 11 / 07 / 2005 Amount of Each Disbursement this Period 60.00 Category/Type
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C. Lateisha Roberson Full Name (Last, First, Middle Initial) Mailing Address 2512 N. 12th St. City Philadelphia State PA Zip Code 19133 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-02720-02807 Date of Disbursement 11 / 07 / 2005 Amount of Each Disbursement this Period 123.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶

246.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 270 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Jean Rocourt		Transaction ID: 30b-16-02721-02808 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5
Mailing Address Camden County Democratic Organizat 501 N. 22nd St.		Amount of Each Disbursement this Period 135.00
City Philadelphia	State PA	
Zip Code 19130	Purpose of Disbursement Field Consulting Services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. Consuelo Rodriguez		Transaction ID: 30b-16-02722-02809 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5
Mailing Address 5331 Mansion Blvd.		Amount of Each Disbursement this Period 120.00
City Merchantville	State NJ	
Zip Code 08109	Purpose of Disbursement Field Consulting Services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. Joe Rovner		Transaction ID: 30b-16-02723-02810 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5
Mailing Address 2319 TrolleyBridge Rd.		Amount of Each Disbursement this Period 60.00
City Quakertown	State PA	
Zip Code 18951	Purpose of Disbursement Field Consulting Services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶	315.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 271 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Sarah Shatzer		Transaction ID: 30b-16-02724-02811 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5	
Mailing Address 1410 W. Susquehanna Ave.		Amount of Each Disbursement this Period 60.00	
City Philadelphia State PA Zip Code 19121	Purpose of Disbursement Field Consulting Services	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) ▼		

Full Name (Last, First, Middle Initial) B. Alan Smith		Transaction ID: 30b-16-02725-02812 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5	
Mailing Address 1614 S. 27th St.		Amount of Each Disbursement this Period 135.00	
City Philadelphia State PA Zip Code 19145	Purpose of Disbursement Field Consulting Services	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) ▼		

Full Name (Last, First, Middle Initial) C. Joseph Smith		Transaction ID: 30b-16-02726-02813 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5	
Mailing Address 1614 S. 27th St.		Amount of Each Disbursement this Period 60.00	
City Philadelphia State PA Zip Code 19145	Purpose of Disbursement Field Consulting Services	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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	255.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 272 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Michael Carrollo		Transaction ID: 30b-16-02728-02815 Date of Disbursement 11 / 07 / 2005
Mailing Address 181 Cedar Grove Inn		Amount of Each Disbursement this Period 210.00
City Somerset State NJ Zip Code 08873	Category/ Type	
Purpose of Disbursement Field Consulting Services		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Rosa Vivar		Transaction ID: 30b-16-02732-02819 Date of Disbursement 11 / 07 / 2005
Mailing Address 100 Memorial Pkwy, Apt 2B		Amount of Each Disbursement this Period 420.00
City New Brunswick State NJ Zip Code 08901	Category/ Type	
Purpose of Disbursement Field Consulting Services		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. FedEx Kinkos		Transaction ID: 30b-16-02733-02820 Date of Disbursement 11 / 07 / 2005
Mailing Address 212 Route 18		Amount of Each Disbursement this Period 430.00
City East Brunswick State NJ Zip Code 08816	Category/ Type	
Purpose of Disbursement Printing Services (Voided 01/01/2006)		
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) ▶	1060.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 273 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. The Highlands at Plaza Square		Transaction ID: 30b-16-02734-02821 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5
Mailing Address 1 Richmond St		Amount of Each Disbursement this Period 1137.50
City New Brunswick State NJ Zip Code 08901	Category/ Type	
Purpose of Disbursement Staff Housing		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. FedEx Kinkos		Transaction ID: 30b-16-02735-02822 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5
Mailing Address 212 Route 18		Amount of Each Disbursement this Period 430.00
City East Brunswick State NJ Zip Code 08816	Category/ Type	
Purpose of Disbursement Printing Services		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Roger Dowd		Transaction ID: 30b-16-02737-02824 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 5
Mailing Address 108 Warren Road		Amount of Each Disbursement this Period 500.00
City Framingham State MA Zip Code 01702	Category/ Type	
Purpose of Disbursement Field Consulting Services		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2067.50
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 274 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Jason Cincotti		Transaction ID: 30b-16-02738-02825 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 5
Mailing Address 161 Bigelow Street		Amount of Each Disbursement this Period 500.00
City Brighton State MA Zip Code 02135	Purpose of Disbursement Field Consulting 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) ▼

B. Full Name (Last, First, Middle Initial) Anna Rivera		Transaction ID: 30b-16-02739-02826 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 5
Mailing Address 1 JFK Blvd. Apt. 121		Amount of Each Disbursement this Period 500.00
City Somerset State NJ Zip Code 08873	Purpose of Disbursement Field Consulting 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) ▼

C. Full Name (Last, First, Middle Initial) Nilda Torres		Transaction ID: 30b-16-02740-02827 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 5
Mailing Address 292 Paterson Avenue		Amount of Each Disbursement this Period 500.00
City Paterson State NJ Zip Code 07502	Purpose of Disbursement Field Consulting 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) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 275 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Vance Burns Full Name (Last, First, Middle Initial) Mailing Address 1348 Chase St City Camden State NJ Zip Code 08105 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-02786-02873 Date of Disbursement 11 / 08 / 2005 Amount of Each Disbursement this Period 190.00 Category/Type
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B. Jerquin Gathers Full Name (Last, First, Middle Initial) Mailing Address 1519 Thorn St Apt A City Camden State NJ Zip Code 08105 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-02796-02883 Date of Disbursement 11 / 08 / 2005 Amount of Each Disbursement this Period 190.00 Category/Type
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C. Willie Hunter Full Name (Last, First, Middle Initial) Mailing Address 578 Clinton St City Camden State NJ Zip Code 08105 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-02803-02890 Date of Disbursement 11 / 08 / 2005 Amount of Each Disbursement this Period 190.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	570.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 276 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Gregory Parks		Transaction ID: 30b-16-02807-02894 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 5
Mailing Address 958 Jackson St		Amount of Each Disbursement this Period 190.00
City Camden State NJ Zip Code 08105	Purpose of Disbursement Field Consulting Services Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Jerome Taylor		Transaction ID: 30b-16-02813-02900 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 5
Mailing Address 2928 North Constitution Rd		Amount of Each Disbursement this Period 190.00
City Camden State NJ Zip Code 08105	Purpose of Disbursement Field Consulting Services Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Bruce Williams		Transaction ID: 30b-16-02816-02903 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 5
Mailing Address 2749 North Congress Rd		Amount of Each Disbursement this Period 130.00
City Camden State NJ Zip Code 08105	Purpose of Disbursement Field Consulting Services Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	510.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 277 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Urban Projects, Inc.		Transaction ID: 30b-16-02820-02907 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 5
Mailing Address 5407 Chestnut St		Amount of Each Disbursement this Period 424.00
City Philadelphia	State PA	
Zip Code 19139		
Purpose of Disbursement Field Consulting Services		
Candidate Name		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:		

Full Name (Last, First, Middle Initial) B. Boris Zaydel		Transaction ID: 30b-16-02920-03012 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 5
Mailing Address 5 Armstrong Ave		Amount of Each Disbursement this Period 75.00
City Wayne	State NJ	
Zip Code 07470		
Purpose of Disbursement Field Consulting Services		
Candidate Name		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:		

Full Name (Last, First, Middle Initial) C. Sonii Kollie		Transaction ID: 30b-16-02967-03059 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 5
Mailing Address 50 Allison Rd.		Amount of Each Disbursement this Period 75.00
City East Windsor	State NJ	
Zip Code 08520		
Purpose of Disbursement Field Consulting Services		
Candidate Name		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) ▶	574.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 278 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Oba Simmonds Full Name (Last, First, Middle Initial) Mailing Address 328 Halstro St. City East Orange State NJ Zip Code 07017 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-02993-03085 Date of Disbursement: 11 / 08 / 2005 Amount of Each Disbursement this Period: 75.00 Category/Type
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B. Kerron Roberts Full Name (Last, First, Middle Initial) Mailing Address 94 Guilden St. City New Brunswick State NJ Zip Code 08901 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-02995-03087 Date of Disbursement: 11 / 08 / 2005 Amount of Each Disbursement this Period: 75.00 Category/Type
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C. Christian Nwigwe Full Name (Last, First, Middle Initial) Mailing Address 76 Hudson Ave City Maplewood State NJ Zip Code 07040 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-02996-03088 Date of Disbursement: 11 / 08 / 2005 Amount of Each Disbursement this Period: 75.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	225.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 279 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Alyssa Roberts		Transaction ID: 30b-16-03040-03132 Date of Disbursement 11 / 08 / 2005	
Mailing Address 11692 LPO Wy		Amount of Each Disbursement this Period 75.00	
City Piscataway	State NJ	Zip Code 08854	Category/ Type
Purpose of Disbursement Field Consulting Services		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Imani Gordon		Transaction ID: 30b-16-03056-03148 Date of Disbursement 11 / 08 / 2005	
Mailing Address 323 Somerset St.		Amount of Each Disbursement this Period 75.00	
City New Brunswick	State NJ	Zip Code 08901	Category/ Type
Purpose of Disbursement Field Consulting Services		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Zack Wilder		Transaction ID: 30b-16-03073-03165 Date of Disbursement 11 / 08 / 2005	
Mailing Address 105 Carleton Ln		Amount of Each Disbursement this Period 75.00	
City Mount Laurel	State NJ	Zip Code 08059	Category/ Type
Purpose of Disbursement Field Consulting Services		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional) ▶	225.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 280 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Alexander Delmouzos		Transaction ID: 30b-16-03145-03237 Date of Disbursement 11 / 08 / 2005
Mailing Address 73 Plum St.		Amount of Each Disbursement this Period 75.00
City North Brunswick State NJ Zip Code 08902	Purpose of Disbursement Field Consulting 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) ▼	

Full Name (Last, First, Middle Initial) B. Donna Lee		Transaction ID: 30b-16-03161-03253 Date of Disbursement 11 / 08 / 2005
Mailing Address 513 Hampton Rd		Amount of Each Disbursement this Period 75.00
City New Brunswick State NJ Zip Code 08901	Purpose of Disbursement Field Consulting 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) ▼	

Full Name (Last, First, Middle Initial) C. Salma Chand		Transaction ID: 30b-16-03165-03257 Date of Disbursement 11 / 08 / 2005
Mailing Address 1355 Carlisle Rd		Amount of Each Disbursement this Period 75.00
City North Brunswick State NJ Zip Code 08902	Purpose of Disbursement Field Consulting 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	225.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 281 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Isaac Aku, Jr.		Transaction ID: 30b-16-03193-03285 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 5
Mailing Address 7 High St.		Amount of Each Disbursement this Period 75.00
City New Brunswick State NJ Zip Code 08901	Purpose of Disbursement Field Consulting 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) ▼	

B. Full Name (Last, First, Middle Initial) Ngam Ngangmuta		Transaction ID: 30b-16-03208-03300 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 5
Mailing Address 7 High St.		Amount of Each Disbursement this Period 75.00
City New Brunswick State NJ Zip Code 08901	Purpose of Disbursement Field Consulting 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) ▼	

C. Full Name (Last, First, Middle Initial) Michael Gerson		Transaction ID: 30b-16-03209-03301 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 5
Mailing Address 2 Rogers Circle		Amount of Each Disbursement this Period 75.00
City East Brunswick State NJ Zip Code 08816	Purpose of Disbursement Field Consulting 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	225.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 282 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Anisha Datwani Full Name (Last, First, Middle Initial) Mailing Address 10544 LPO Wy City Piscataway State NJ Zip Code 08854 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-03210-03302 Date of Disbursement 11 / 08 / 2005 Amount of Each Disbursement this Period 75.00 Category/Type
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B. Theresa Stultz Full Name (Last, First, Middle Initial) Mailing Address 290 George St. City New Brunswick State NJ Zip Code 08901 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-03287-03379 Date of Disbursement 11 / 08 / 2005 Amount of Each Disbursement this Period 75.00 Category/Type
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C. Payal Upadhyay Full Name (Last, First, Middle Initial) Mailing Address 146 Clinton Ave City Clifton State NJ Zip Code 07071 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-03289-03381 Date of Disbursement 11 / 08 / 2005 Amount of Each Disbursement this Period 75.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	225.00
TOTAL This Period (last page this line number only) ▶	75.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 283 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Kenneth Woods Full Name (Last, First, Middle Initial) Mailing Address 382 Dryden St. City Piscataway State NJ Zip Code 08854 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-03294-03386 Date of Disbursement 11 / 08 / 2005 Amount of Each Disbursement this Period 75.00 Category/Type
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B. Nimrah Malik Full Name (Last, First, Middle Initial) Mailing Address 7 Jenna Ln City Edison State NJ Zip Code 08817 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-03427-03519 Date of Disbursement 11 / 08 / 2005 Amount of Each Disbursement this Period 75.00 Category/Type
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C. Tahoorah Syed Full Name (Last, First, Middle Initial) Mailing Address 24 Aspen Dr. City North Brunswick State NJ Zip Code 08902 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-03431-03523 Date of Disbursement 11 / 08 / 2005 Amount of Each Disbursement this Period 75.00 Category/Type
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 284 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. James Swindell Full Name (Last, First, Middle Initial) Mailing Address 432 East 32nd St City Paterson State NJ Zip Code 07504 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-03514-03606 Date of Disbursement 11 / 08 / 2005 Amount of Each Disbursement this Period 75.00 Category/Type
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B. James Swindell Full Name (Last, First, Middle Initial) Mailing Address 432 East 32nd St City Paterson State NJ Zip Code 07504 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-03515-03607 Date of Disbursement 11 / 08 / 2005 Amount of Each Disbursement this Period 75.00 Category/Type
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C. Richard Dickerson Full Name (Last, First, Middle Initial) Mailing Address 1215 31st South City Birmingham State AL Zip Code 35205 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-03516-03608 Date of Disbursement 11 / 08 / 2005 Amount of Each Disbursement this Period 75.00 Category/Type
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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PAGE 285 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Richard Dickerson		Transaction ID: 30b-16-03517-03609 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 5
Mailing Address 1215 31st South		Amount of Each Disbursement this Period 75.00
City Birmingham State AL Zip Code 35205	Purpose of Disbursement Field Consulting 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) ▼

Full Name (Last, First, Middle Initial) B. Richard Dickerson		Transaction ID: 30b-16-03518-03610 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 5
Mailing Address 1215 31st South		Amount of Each Disbursement this Period 75.00
City Birmingham State AL Zip Code 35205	Purpose of Disbursement Field Consulting 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) ▼

Full Name (Last, First, Middle Initial) C. Richard Dickerson		Transaction ID: 30b-16-03519-03611 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 5
Mailing Address 1215 31st South		Amount of Each Disbursement this Period 75.00
City Birmingham State AL Zip Code 35205	Purpose of Disbursement Field Consulting 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) ▼

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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PAGE 286 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Richard Dickerson Full Name (Last, First, Middle Initial) Mailing Address 1215 31st South City Birmingham State AL Zip Code 35205 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-03520-03612 Date of Disbursement 11 / 08 / 2005 Amount of Each Disbursement this Period 75.00 Category/Type
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B. James Swindell Full Name (Last, First, Middle Initial) Mailing Address 432 East 32nd St City Paterson State NJ Zip Code 07504 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-03548-03640 Date of Disbursement 11 / 08 / 2005 Amount of Each Disbursement this Period 75.00 Category/Type
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C. Raymond Boston, Sr Full Name (Last, First, Middle Initial) Mailing Address 1735 North 31st Street City Philadelphia State PA Zip Code Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-03655-03747 Date of Disbursement 11 / 08 / 2005 Amount of Each Disbursement this Period 75.00 Category/Type
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:
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PAGE 287 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Raymond Boston, Sr		Transaction ID: 30b-16-03658-03750 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 5
Mailing Address 1735 North 31st Street		Amount of Each Disbursement this Period 75.00
City Philadelphia State PA Zip Code	Purpose of Disbursement Field Consulting Services Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Raymond Boston, Sr		Transaction ID: 30b-16-03659-03751 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 5
Mailing Address 1735 North 31st Street		Amount of Each Disbursement this Period 75.00
City Philadelphia State PA Zip Code	Purpose of Disbursement Field Consulting Services Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Michelle Grabowski		Transaction ID: 30b-16-03702-03794 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 5
Mailing Address 8 Fenwick Ave		Amount of Each Disbursement this Period 75.00
City Pennsville State NJ Zip Code 08070	Purpose of Disbursement Field Consulting Services Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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PAGE 288 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Karmiel Jackson Full Name (Last, First, Middle Initial) Mailing Address 447 Somerset St City Franklin State NJ Zip Code 08873 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-03721-03813 Date of Disbursement 11 / 08 / 2005 Amount of Each Disbursement this Period 75.00 Category/Type
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B. Alexis Laguna Full Name (Last, First, Middle Initial) Mailing Address 1253 Gurd Ave City Hillside State NJ Zip Code 07205 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-03732-03824 Date of Disbursement 11 / 08 / 2005 Amount of Each Disbursement this Period 75.00 Category/Type
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C. Vincent Troyani Full Name (Last, First, Middle Initial) Mailing Address 122 Donaldson St. City Highland Park State NJ Zip Code 08904 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-03733-03825 Date of Disbursement 11 / 08 / 2005 Amount of Each Disbursement this Period 75.00 Category/Type
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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PAGE 289 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Jameelah Kareem		Transaction ID: 30b-16-03767-03859 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 5
Mailing Address 25372 DPO Wy		Amount of Each Disbursement this Period 75.00
City New Brunswick State NJ Zip Code 08901	Purpose of Disbursement Field Consulting Services Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

B. Full Name (Last, First, Middle Initial) Tania Sousa		Transaction ID: 30b-16-03768-03860 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 5
Mailing Address 75 William St.		Amount of Each Disbursement this Period 75.00
City Long Branch State NJ Zip Code 07740	Purpose of Disbursement Field Consulting Services Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

C. Full Name (Last, First, Middle Initial) Sarah Tayyab		Transaction ID: 30b-16-03772-03864 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 5
Mailing Address 11 Queen Anne Dr.		Amount of Each Disbursement this Period 75.00
City Basking Ridge State NJ Zip Code 07920	Purpose of Disbursement Field Consulting Services Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	225.00
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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PAGE 290 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Jeffrey Venezia		Transaction ID: 30b-16-03818-03910 Date of Disbursement MM / DD / YYYY 11 / 08 / 2005
Mailing Address 315 Ravens Dr.		Amount of Each Disbursement this Period 100.00
City Plainsboro State NJ Zip Code 08536	Purpose of Disbursement Field Consulting Services Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Michael Anis		Transaction ID: 30b-16-03834-03926 Date of Disbursement MM / DD / YYYY 11 / 08 / 2005
Mailing Address 45 Lahiere Ave		Amount of Each Disbursement this Period 100.00
City Edison State NJ Zip Code 08817	Purpose of Disbursement Field Consulting Services Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Alex Pippiws		Transaction ID: 30b-16-03835-03927 Date of Disbursement MM / DD / YYYY 11 / 08 / 2005
Mailing Address 296 Orange St.		Amount of Each Disbursement this Period 100.00
City Newark State NJ Zip Code 07103	Purpose of Disbursement Field Consulting Services Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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PAGE 291 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Karen Hansen Full Name (Last, First, Middle Initial) Mailing Address 422 Lancaster Ct. City Piscataway State NJ Zip Code 08854 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-03842-03934 Date of Disbursement 11 / 08 / 2005 Amount of Each Disbursement this Period 100.00 Category/Type
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B. Usman Chaudhry Full Name (Last, First, Middle Initial) Mailing Address 16538 Cpo Wy City New Brunswick State NJ Zip Code 08901 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-03845-03937 Date of Disbursement 11 / 08 / 2005 Amount of Each Disbursement this Period 100.00 Category/Type
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C. Henry Tsaur Full Name (Last, First, Middle Initial) Mailing Address 160 A Easton Ave City New Brunswick State NJ Zip Code 08901 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-03847-03939 Date of Disbursement 11 / 08 / 2005 Amount of Each Disbursement this Period 100.00 Category/Type
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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PAGE 292 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Daniel DeJesus Full Name (Last, First, Middle Initial) Mailing Address 128 Green St City Somerville State NJ Zip Code 08876 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-03848-03940 Date of Disbursement 11 / 08 / 2005 Amount of Each Disbursement this Period 100.00 Category/Type
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B. Andrew Llera Full Name (Last, First, Middle Initial) Mailing Address 36 Abbott Rd City Somerset State NJ Zip Code 08857 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-03851-03943 Date of Disbursement 11 / 08 / 2005 Amount of Each Disbursement this Period 100.00 Category/Type
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C. Ryan Yacco Full Name (Last, First, Middle Initial) Mailing Address 218 Easton Ave City New Brunswick State NJ Zip Code 08901 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-03852-03944 Date of Disbursement 11 / 08 / 2005 Amount of Each Disbursement this Period 100.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	300.00
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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PAGE 293 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Eric Miller Full Name (Last, First, Middle Initial) Mailing Address 220 Hamilton St. City New Brunswick State NJ Zip Code 08901 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-03854-03946 Date of Disbursement 11 / 08 / 2005 Amount of Each Disbursement this Period 100.00 Category/Type
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B. Daniel Cremin Full Name (Last, First, Middle Initial) Mailing Address 345 Daniel St City Dover State NJ Zip Code 07801 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-03855-03947 Date of Disbursement 11 / 08 / 2005 Amount of Each Disbursement this Period 100.00 Category/Type
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C. Joshua Knee Full Name (Last, First, Middle Initial) Mailing Address 73 Plum St. City New Brunswick State NJ Zip Code 08901 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-03856-03948 Date of Disbursement 11 / 08 / 2005 Amount of Each Disbursement this Period 100.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶

300.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 294 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Zully Checo		Transaction ID: 30b-16-03858-03950 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 5
Mailing Address 65 Washington Rd		Amount of Each Disbursement this Period 100.00
City Sayerville State NJ Zip Code 08872	Purpose of Disbursement Field Consulting Services Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

B. Full Name (Last, First, Middle Initial) Liza Arch		Transaction ID: 30b-16-03860-03952 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 5
Mailing Address 70 Juliet St.		Amount of Each Disbursement this Period 100.00
City New Brunswick State NJ Zip Code 08901	Purpose of Disbursement Field Consulting Services Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

C. Full Name (Last, First, Middle Initial) Stephen Birmingham		Transaction ID: 30b-16-03861-03953 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 5
Mailing Address 8 Milliken Rd		Amount of Each Disbursement this Period 100.00
City Sayerville State NJ Zip Code 08872	Purpose of Disbursement Field Consulting Services Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	300.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 295 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Antonio Bowser		Transaction ID: 30b-16-03863-03955 Date of Disbursement MM / DD / YYYY 11 / 08 / 2005
Mailing Address 5 Clifton St.		Amount of Each Disbursement this Period 100.00
City Somerset State NJ Zip Code 08873	Purpose of Disbursement Field Consulting 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) ▼	

Full Name (Last, First, Middle Initial) B. Nathan Carter		Transaction ID: 30b-16-03864-03956 Date of Disbursement MM / DD / YYYY 11 / 08 / 2005
Mailing Address 17 Comstock St.		Amount of Each Disbursement this Period 100.00
City New Brunswick State NJ Zip Code 08901	Purpose of Disbursement Field Consulting 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) ▼	

Full Name (Last, First, Middle Initial) C. Brian DeShields		Transaction ID: 30b-16-03866-03958 Date of Disbursement MM / DD / YYYY 11 / 08 / 2005
Mailing Address 901 Rose Hill Pkwy		Amount of Each Disbursement this Period 100.00
City North Cape May State NJ Zip Code 08204	Purpose of Disbursement Field Consulting 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	300.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 296 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Anderson Garcia		Transaction ID: 30b-16-03867-03959 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 5
Mailing Address 98 Welton St.		Amount of Each Disbursement this Period 100.00
City New Brunswick State NJ Zip Code 08901	Purpose of Disbursement Field Consulting 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) ▼	

Full Name (Last, First, Middle Initial) B. Frederick Izquierdo		Transaction ID: 30b-16-03869-03961 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 5
Mailing Address 189 Main St.		Amount of Each Disbursement this Period 100.00
City Sayreville State NJ Zip Code 08872	Purpose of Disbursement Field Consulting 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) ▼	

Full Name (Last, First, Middle Initial) C. Lauren Russell-Pank		Transaction ID: 30b-16-03894-03986 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 5
Mailing Address 323D. Crowels Rd.		Amount of Each Disbursement this Period 100.00
City Highland Park State NJ Zip Code 08904	Purpose of Disbursement Field Consulting 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	300.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 297 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Freddy Ledesma Full Name (Last, First, Middle Initial) Mailing Address 30134 RPOWay City New Brunswick State NJ Zip Code 08901 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-03897-03989 Date of Disbursement 11 / 08 / 2005 Amount of Each Disbursement this Period 100.00 Category/Type
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B. James Roussos Full Name (Last, First, Middle Initial) Mailing Address 96 Central City New Brunswick State NJ Zip Code 08901 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-03899-03991 Date of Disbursement 11 / 08 / 2005 Amount of Each Disbursement this Period 100.00 Category/Type
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C. Michael Thomas Full Name (Last, First, Middle Initial) Mailing Address 4 Lafberry City New Brunswick State NJ Zip Code 08901 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-03900-03992 Date of Disbursement 11 / 08 / 2005 Amount of Each Disbursement this Period 100.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	300.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 298 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Robert VanEgghen Full Name (Last, First, Middle Initial) Mailing Address 2 Wildflower Rd City Oxford State CT Zip Code 06478 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-03901-03993 Date of Disbursement 11 / 08 / 2005 Amount of Each Disbursement this Period 100.00 Category/Type
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B. Benjamin Wang Full Name (Last, First, Middle Initial) Mailing Address 126 Oakwood Ave. City Edison State NJ Zip Code 08837 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-03902-03994 Date of Disbursement 11 / 08 / 2005 Amount of Each Disbursement this Period 100.00 Category/Type
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C. Nichole Weed Full Name (Last, First, Middle Initial) Mailing Address 155 Summers Ave City Piscataway State NJ Zip Code 08854 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-03903-03995 Date of Disbursement 11 / 08 / 2005 Amount of Each Disbursement this Period 100.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	300.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 299 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Anthony Williams Full Name (Last, First, Middle Initial) Mailing Address 50 Hassant St. City New Brunswick State NJ Zip Code 08901 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-03905-03997 Date of Disbursement 11 / 08 / 2005 Amount of Each Disbursement this Period 100.00 Category/Type
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B. Adam Workman Full Name (Last, First, Middle Initial) Mailing Address 14 Quince Pl City North Brunswick State NJ Zip Code 08902 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-03906-03998 Date of Disbursement 11 / 08 / 2005 Amount of Each Disbursement this Period 100.00 Category/Type
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C. Bill Zhang Full Name (Last, First, Middle Initial) Mailing Address 514 Overlook Dr. City Orange State NJ Zip Code 06477 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-03907-03999 Date of Disbursement 11 / 08 / 2005 Amount of Each Disbursement this Period 100.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	300.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 300 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Isaac Lee Full Name (Last, First, Middle Initial) Mailing Address 320 W. Branch Ave City Pine Hill State NJ Zip Code 08021 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-03908-04000 Date of Disbursement 11 / 08 / 2005 Amount of Each Disbursement this Period 100.00 Category/Type
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B. Elizabeth Newnam Full Name (Last, First, Middle Initial) Mailing Address 495 Carranza Rd City Shamong State NJ Zip Code 08088 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-03909-04001 Date of Disbursement 11 / 08 / 2005 Amount of Each Disbursement this Period 100.00 Category/Type
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C. Matthew O'Grady Full Name (Last, First, Middle Initial) Mailing Address 152 Liberty St. City South Amboy State NJ Zip Code 08879 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-03910-04002 Date of Disbursement 11 / 08 / 2005 Amount of Each Disbursement this Period 100.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	300.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 301 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Art DeCoursey		Transaction ID: 30b-16-02822-02909 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 5
Mailing Address 1231 4th St, NW		Amount of Each Disbursement this Period 460.00
City Washington State DC Zip Code 20001		
Purpose of Disbursement Travel Expenses 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) ▼	

Full Name (Last, First, Middle Initial) B. Bruce Williams		Transaction ID: 30b-16-03913-04005 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 5
Mailing Address 2749 North Congress Rd		Amount of Each Disbursement this Period 40.00
City Camden State NJ Zip Code 08105		
Purpose of Disbursement Field Consulting 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) ▼	

Full Name (Last, First, Middle Initial) C. Gregory Parks		Transaction ID: 30b-16-03919-04011 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 5
Mailing Address 958 Jackson St		Amount of Each Disbursement this Period 40.00
City Camden State NJ Zip Code 08105		
Purpose of Disbursement Field Consulting 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	540.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

PAGE 302 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Jerome Taylor		Transaction ID: 30b-16-03922-04014 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 5
Mailing Address 2928 North Constitution Rd		Amount of Each Disbursement this Period 40.00
City Camden State NJ Zip Code 08105	Purpose of Disbursement Field Consulting 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) ▼

Full Name (Last, First, Middle Initial) B. Vance Burns		Transaction ID: 30b-16-03934-04026 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 5
Mailing Address 1348 Chase St		Amount of Each Disbursement this Period 40.00
City Camden State NJ Zip Code 08105	Purpose of Disbursement Field Consulting 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) ▼

Full Name (Last, First, Middle Initial) C. Willie Hunter		Transaction ID: 30b-16-03936-04028 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 5
Mailing Address 578 Clinton St		Amount of Each Disbursement this Period 40.00
City Camden State NJ Zip Code 08105	Purpose of Disbursement Field Consulting 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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	120.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 303 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. ADP, Inc.		Transaction ID: 30b-01-02308-03889 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 5
Mailing Address 1125 Virginia Drive		Amount of Each Disbursement this Period 255.60
City Ft Washington State PA Zip Code 19034	Purpose of Disbursement Payroll Processing Fees 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. ADP, Inc.		Transaction ID: 30b-01-02310-03891 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 5
Mailing Address 1125 Virginia Drive		Amount of Each Disbursement this Period 86.65
City Ft Washington State PA Zip Code 19034	Purpose of Disbursement Payroll Processing Fees 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Michael Muller		Transaction ID: 30b-16-02823-02910 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address 2323 Larchmont Place		Amount of Each Disbursement this Period 2291.67
City Mount Laurel State NJ Zip Code 08054	Purpose of Disbursement Salary 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) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	2633.92
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 304 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Troy's Place		Transaction ID: 30b-16-02827-02914 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address 4919 Westfield Ave		Amount of Each Disbursement this Period 795.00
City Pennsauken State NJ Zip Code 08110	Purpose of Disbursement Food & Beverage	
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) ▼	

Full Name (Last, First, Middle Initial) B. Nicole Nestopolous		Transaction ID: 30b-16-02828-02915 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address 545 N. Newton Lake Dr - Ste C-1002		Amount of Each Disbursement this Period 112.50
City Collingswood State NJ Zip Code 08107	Purpose of Disbursement Telecommunications Expenses	
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) ▼	

Full Name (Last, First, Middle Initial) C. Brilliant Corners Research & Strategies		Transaction ID: 30b-16-02831-02918 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address 1001 G St NW - Ste 500E		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20001	Purpose of Disbursement Political Consulting 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5907.50
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 305 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) James B Jefferson		Transaction ID: 30b-16-02832-02919 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address 2210 Winthrop Ave		Amount of Each Disbursement this Period 98.40
City Lindenwold State NJ Zip Code 08021	Category/ Type	
Purpose of Disbursement Travel Expenses		
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) Dana Peterson		Transaction ID: 30b-16-02833-0000 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address 626 Bold Ruler Road		Amount of Each Disbursement this Period 3047.22
City Stafford State TX Zip Code 77477	Category/ Type	
Purpose of Disbursement See Memo Items		
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) Hampton Inn & Suites Newark Riverwalk		Transaction ID: 30b-16-02833-02920 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address 100 Passaic Ave		Amount of Each Disbursement this Period 3047.22 [MEMO ITEM]
City Harrison State NJ Zip Code 07029	Category/ Type	
Purpose of Disbursement Housing Expenses		
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) ▶	3145.62
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 306 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Dana Peterson Full Name (Last, First, Middle Initial) Dana Peterson		Transaction ID: 30b-16-02837-02924 Date of Disbursement 11 / 15 / 2005
Mailing Address 626 Bold Ruler Road		Amount of Each Disbursement this Period 1500.00
City Stafford State TX Zip Code 77477	Purpose of Disbursement Political Consulting Services Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

B. Dana Peterson Full Name (Last, First, Middle Initial) Dana Peterson		Transaction ID: 30b-16-02837-02933 Date of Disbursement 11 / 15 / 2005
Mailing Address 626 Bold Ruler Road		Amount of Each Disbursement this Period 87.50
City Stafford State TX Zip Code 77477	Purpose of Disbursement Telecommunications Expenses 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) ▼	Category/ Type

C. Kerry Baynes Full Name (Last, First, Middle Initial) Kerry Baynes		Transaction ID: 30b-16-02845-02932 Date of Disbursement 11 / 15 / 2005
Mailing Address 207 Villa Knoll Ct		Amount of Each Disbursement this Period 196.99
City Sicklerville State NJ Zip Code 08081	Purpose of Disbursement Travel Expenses/ Food & Beverage 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) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	1784.49
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

PAGE 307 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Ivy Butts		Transaction ID: 30b-16-02846-02934 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address 2211 S East 32nd Pl		Amount of Each Disbursement this Period 2500.00
City Portland State OR Zip Code 97214	Purpose of Disbursement Field Consulting Services Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Renato Valenzuela		Transaction ID: 30b-16-02849-02937 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address 219 Summit Rd		Amount of Each Disbursement this Period 480.00
City Elizabeth State NJ Zip Code 07208	Purpose of Disbursement Field Consulting Services Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Ace F. Laluces		Transaction ID: 30b-16-02850-02938 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address 477 Clark Place		Amount of Each Disbursement this Period 480.00
City Union State NJ Zip Code 07083	Purpose of Disbursement Field Consulting Services Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	3460.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 308 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Daniel Casey Full Name (Last, First, Middle Initial) Mailing Address 2214 Garfield Ave City Camden State NJ Zip Code 08105 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-02851-02939 Date of Disbursement 11 / 15 / 2005 Amount of Each Disbursement this Period 250.00 Category/Type
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B. Judy Navedo Full Name (Last, First, Middle Initial) Mailing Address 2740 Carman St. City Camden State NJ Zip Code 08105 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-02852-02940 Date of Disbursement 11 / 15 / 2005 Amount of Each Disbursement this Period 250.00 Category/Type
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C. Bernadette Nicholl Full Name (Last, First, Middle Initial) Mailing Address 2714 Garfield Ave. City Camden State NJ Zip Code 08105 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-02853-02941 Date of Disbursement 11 / 15 / 2005 Amount of Each Disbursement this Period 250.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	750.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 309 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Gerald Rosario Full Name (Last, First, Middle Initial) Mailing Address 921 S. 5th St. City Camden State NJ Zip Code 08103 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-02854-02942 Date of Disbursement 11 / 15 / 2005 Amount of Each Disbursement this Period 250.00 Category/Type
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B. Jorge Pena Full Name (Last, First, Middle Initial) Mailing Address 2118 New South St. City Camden State NJ Zip Code 08105 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-02855-02943 Date of Disbursement 11 / 15 / 2005 Amount of Each Disbursement this Period 250.00 Category/Type
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C. Miguel Hernandez Full Name (Last, First, Middle Initial) Mailing Address 212 N. 38St., Apt. 4 City Camden State NJ Zip Code 08110 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-02856-02944 Date of Disbursement 11 / 15 / 2005 Amount of Each Disbursement this Period 250.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	750.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 310 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Yanira Hernandez		Transaction ID: 30b-16-02857-02945 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address 212 N. 38th St., Apt 4		Amount of Each Disbursement this Period 250.00
City Camden State NJ Zip Code 08110	Purpose of Disbursement Field Consulting Services Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. David Morales		Transaction ID: 30b-16-02858-02946 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address 1803 Centennial Village		Amount of Each Disbursement this Period 250.00
City Camden State NJ Zip Code 08105	Purpose of Disbursement Field Consulting Services Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Luis Lopez		Transaction ID: 30b-16-02859-02947 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address 860 Bergen Ave		Amount of Each Disbursement this Period 250.00
City Camden State NJ Zip Code 08105	Purpose of Disbursement Field Consulting Services Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	750.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 311 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Ivonne Martinez Full Name (Last, First, Middle Initial) Mailing Address 24 Line St City Camden State NJ Zip Code 08103 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-02860-02948 Date of Disbursement 11 / 15 / 2005 Amount of Each Disbursement this Period 250.00 Category/Type
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B. Maria Vasquez-Singh Full Name (Last, First, Middle Initial) Mailing Address Office of Hispanic Affairs 520 Market Street City Camden State NJ Zip Code 08102 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-02861-02949 Date of Disbursement 11 / 15 / 2005 Amount of Each Disbursement this Period 250.00 Category/Type
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C. Miguel Hernandez Full Name (Last, First, Middle Initial) Mailing Address 212 N. 38St., Apt. 4 City Camden State NJ Zip Code 08110 Purpose of Disbursement Field Consulting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 30b-16-02862-02950 Date of Disbursement 11 / 15 / 2005 Amount of Each Disbursement this Period 250.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	750.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 312 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Yanira Hernandez		Transaction ID: 30b-16-02863-02951 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address 212 N. 38th St., Apt 4		Amount of Each Disbursement this Period 250.00
City Camden State NJ Zip Code 08110	Purpose of Disbursement Field Consulting Services Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Lillian Bryant		Transaction ID: 30b-01-02286-03866 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 5
Mailing Address 227 N. Vermont Ave		Amount of Each Disbursement this Period 779.88
City Atlantic City State NJ Zip Code 08401	Purpose of Disbursement Salary 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. ADP, Inc.		Transaction ID: 30b-01-02314-03895 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 5 / 2 0 0 5
Mailing Address 1125 Virginia Drive		Amount of Each Disbursement this Period 10.00
City Ft Washington State PA Zip Code 19034	Purpose of Disbursement Payroll Processing Fees 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) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	1039.88
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 313 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) ADP, Inc.		Transaction ID: 30b-01-02315-03896 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 5 / 2 0 0 5
Mailing Address 1125 Virginia Drive		Amount of Each Disbursement this Period 10.00
City Ft Washington State PA Zip Code 19034	Purpose of Disbursement Payroll Processing Fees 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) ▼	Category/Type

B. Full Name (Last, First, Middle Initial) D- Solutions Inc.		Transaction ID: 30b-16-02877-02968 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 5
Mailing Address 564 S Pitney Rd		Amount of Each Disbursement this Period 2500.00
City Galloway State NJ Zip Code 08205	Purpose of Disbursement Political Consulting Services Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

C. Full Name (Last, First, Middle Initial) IRODZ Associates		Transaction ID: 30b-16-02878-02969 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 5
Mailing Address 100 Hamilton Plaza - Ste 1203		Amount of Each Disbursement this Period 2500.00
City Paterson State NJ Zip Code 07505	Purpose of Disbursement Political Consulting Services Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

5010.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 314 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Aetna US Health Care		Transaction ID: 30b-01-02291-03871	
Mailing Address PO Box 7247-0221		Date of Disbursement 11 / 30 / 2005	
City Philadelphia	State PA	Zip Code 19170-0221	Amount of Each Disbursement this Period 15787.50
Purpose of Disbursement Insurance	Category/ Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Marie Dunlapp-Price		Transaction ID: 30b-16-02882-02973	
Mailing Address 1272 Magnolia Ave.		Date of Disbursement 11 / 30 / 2005	
City Camden	State NJ	Zip Code 08013	Amount of Each Disbursement this Period 300.00
Purpose of Disbursement Field Consulting Services	Category/ Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Angela Ithier		Transaction ID: 30b-16-02883-02974	
Mailing Address 1602 Burnt Mill Rd		Date of Disbursement 11 / 30 / 2005	
City Cherry Hill	State NJ	Zip Code 08003	Amount of Each Disbursement this Period 420.00
Purpose of Disbursement Field Consulting Services	Category/ Type		
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)	16507.50
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 315 / 348

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Tricia Mueller		Transaction ID: 30b-16-02890-02981 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 5	
Mailing Address 212 Douglass Avenue		Amount of Each Disbursement this Period 9000.00	
City Haddonfield State NJ Zip Code 08033	Purpose of Disbursement Political Consulting Services	Category/ Type	
Candidate Name	Disbursement For: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: State: District:			

SUBTOTAL of Disbursements This Page (optional)	▶	9000.00
TOTAL This Period (last page this line number only)	▶	378785.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Apollo News Service	Nature of Debt (Purpose): Periodicals
Mailing Address PO Box 598	
City State ZIP Code East Brunswick NJ 08816	

Outstanding Balance Beginning This Period 45.45	Transaction ID: 10-000012	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 45.45

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor AT&T	Nature of Debt (Purpose): Telecommunications Services
Mailing Address PO Box 2971	
City State ZIP Code Omaha NE 68103-2971	

Outstanding Balance Beginning This Period 1797.94	Transaction ID: 10-000017	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1797.94

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ATX Communications Services, Inc.	Nature of Debt (Purpose): Telecommunications Services
Mailing Address PO Box 57194	
City State ZIP Code Philadelphia PA 19111	

Outstanding Balance Beginning This Period 6603.97	Transaction ID: 10-000018	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6603.97

1) SUBTOTALS This Period This Page (optional).....	8447.36
2) TOTALS This Period (last page this line number only).....	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Commerce Bank - Visa	Nature of Debt (Purpose): Balance Due - Expenses
Mailing Address P.O Box 2580	
City State ZIP Code Cherry Hill NJ 08034	

Outstanding Balance Beginning This Period 1000.00	Transaction ID: 10-000024	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Federal Express	Nature of Debt (Purpose): Delivery Services
Mailing Address P.O. Box 1140 Department A	
City State ZIP Code Memphis TN 38101	

Outstanding Balance Beginning This Period 34.96	Transaction ID: 10-000013	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 34.96

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Labels & Lists	Nature of Debt (Purpose): Research Materials
Mailing Address 2500 116th Avenue NE	
City State ZIP Code Bellevue WA 98004	

Outstanding Balance Beginning This Period 9352.22	Transaction ID: 10-000014	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 9352.22

1) SUBTOTALS This Period This Page (optional).....	10387.18
2) TOTALS This Period (last page this line number only).....	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Liberty Insurance Co.	Nature of Debt (Purpose): Insurance
Mailing Address 525 Route 33	
City State ZIP Code Millstone NJ 07726	

Outstanding Balance Beginning This Period <input type="text" value="615.00"/>	Transaction ID: 10-000021	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="615.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor LSG Strategies, Inc.	Nature of Debt (Purpose): Voter Identification
Mailing Address 1001 G Street N.W.	
City State ZIP Code Washington DC 20001	

Outstanding Balance Beginning This Period <input type="text" value="10559.48"/>	Transaction ID: 10-000019	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="10559.48"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Rabinowitz, Trenk, Lubetkin & Tully, PC	Nature of Debt (Purpose): Legal Services
Mailing Address Attorneys at Law 200 Executive Drive, Suite 225	
City State ZIP Code West Orange NJ 07052-3303	

Outstanding Balance Beginning This Period <input type="text" value="92.80"/>	Transaction ID: 10-000015	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="92.80"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="11267.28"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 319 / 348
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sprint	Nature of Debt (Purpose): Telecommunications Services
Mailing Address PO BoX 740463	
City State ZIP Code Cincinnati OH 45274-0463	

Outstanding Balance Beginning This Period <input type="text" value="381.11"/>	Transaction ID: 10-000022	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="381.11"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor United Parcel Service	Nature of Debt (Purpose): Delivery Services
Mailing Address PO Box 7247-0244	
City State ZIP Code Philadelphia PA 19170-0001	

Outstanding Balance Beginning This Period <input type="text" value="1451.30"/>	Transaction ID: 10-000016	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1451.30"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon	Nature of Debt (Purpose): Telecommunications Services
Mailing Address PO Box 588	
City State ZIP Code Fair Lawn NJ 07410	

Outstanding Balance Beginning This Period <input type="text" value="2097.96"/>	Transaction ID: 10-000023	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2097.96"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="3930.37"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 320 / 348	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Xpedite Systems Inc	Nature of Debt (Purpose): Fax Services
Mailing Address P O Box 14024	
City State ZIP Code Newark NJ 07101	

Outstanding Balance Beginning This Period	Transaction ID: 10-000020	
1003.81		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1003.81

1) SUBTOTALS This Period This Page (optional).....	1003.81
2) TOTALS This Period (last page this line number only).....	35036.00
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE H2 (FEC Form 3X) ALLOCATION RATIOS

NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation :

- I. FUNDRAISING activities are allocated using the 'funds received method' where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.
For PACs Only : Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

<p>ACTIVITY OR EVENT IDENTIFIER General Fundraising</p> <p>ACTIVITY IS: <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input checked="" type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL % <input type="text" value="25.00"/> %</p>	<p>NONFEDERAL % <input type="text" value="75.00"/> %</p> <p>Transaction ID: H2-0016</p>
<p>ACTIVITY OR EVENT IDENTIFIER August 26 2005 Event</p> <p>ACTIVITY IS: <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input checked="" type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL % <input type="text" value="25.00"/> %</p>	<p>NONFEDERAL % <input type="text" value="75.00"/> %</p> <p>Transaction ID: H2-0020</p>
<p>ACTIVITY OR EVENT IDENTIFIER September 29 2005 Event</p> <p>ACTIVITY IS: <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input checked="" type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL % <input type="text" value="25.00"/> %</p>	<p>NONFEDERAL % <input type="text" value="75.00"/> %</p> <p>Transaction ID: H2-0023</p>
<p>ACTIVITY OR EVENT IDENTIFIER September 17 2005 Event</p> <p>ACTIVITY IS: <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input checked="" type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL % <input type="text" value="25.00"/> %</p>	<p>NONFEDERAL % <input type="text" value="75.00"/> %</p> <p>Transaction ID: H2-0024</p>
<p>ACTIVITY OR EVENT IDENTIFIER August 28 2005 Event</p> <p>ACTIVITY IS: <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input checked="" type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL % <input type="text" value="25.00"/> %</p>	<p>NONFEDERAL % <input type="text" value="75.00"/> %</p> <p>Transaction ID: H2-0025</p>

SCHEDULE H4 (FEC Form 3X) DISBURSEMENT FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial)
United States Postal Service

Mailing Address
USPS-Hasler PO Box 7247-0217

City	State	Zip Code
Philadelphia	PA	19170-0217

Purpose of Disbursement:
Postage

Activity or Event Identifier:
Admin 05/06

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
429343.18

Date 11 / 01 / 2005
Transaction ID: 21a-16-01676-01712

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
155.40		584.60		740.00

B. Full Name (Last, First, Middle Initial)
Ford Credit

Mailing Address
Box 220564

City	State	Zip Code
Pittsburgh	PA	15257-2564

Purpose of Disbursement:
Travel Expenses

Activity or Event Identifier:
Admin 05/06

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
429949.40

Date 11 / 03 / 2005
Transaction ID: 21a-01-02127-03657

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
127.31		478.91		606.22

C. Full Name (Last, First, Middle Initial)
Ford Credit

Mailing Address
Box 220564

City	State	Zip Code
Pittsburgh	PA	15257-2564

Purpose of Disbursement:
Travel Expenses

Activity or Event Identifier:
Admin 05/06

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
430555.62

Date 11 / 03 / 2005
Transaction ID: 21a-01-02127-03658

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
127.31		478.91		606.22

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
410.02		1542.42		1952.44

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Verizon Wireless			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 489			Allocated Activity or Event Year-To-Date 430595.34		
City Newark	State NJ	Zip Code 07101-0489	Date <input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: Telecommunications Services			Transaction ID: 21a-01-02129-03660		
Activity or Event Identifier: Admin 05/06					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
8.34		31.38		39.72

B. Full Name (Last, First, Middle Initial) Verizon Wireless			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 489			Allocated Activity or Event Year-To-Date 430827.14		
City Newark	State NJ	Zip Code 07101-0489	Date <input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: Telecommunications Services			Transaction ID: 21a-01-02130-03661		
Activity or Event Identifier: Admin 05/06					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
48.68		183.12		231.80

C. Full Name (Last, First, Middle Initial) Verizon Wireless			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 489			Allocated Activity or Event Year-To-Date 430964.73		
City Newark	State NJ	Zip Code 07101-0489	Date <input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: Telecommunications Services			Transaction ID: 21a-01-02131-03662		
Activity or Event Identifier: Admin 05/06					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
28.89		108.70		137.59

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
85.91		323.20		409.11

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Bank of America (Formerly Fleet Bank)			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address 150 West State Street			Allocated Activity or Event Year-To-Date 430984.73																						
City	State	Zip Code	Date <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>1</td><td>1</td><td>/</td><td>0</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td></tr></table> Transaction ID: 21a-16-03954-04046			M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	3	/	2	0	0	5
M	M	/				D	D	/	Y	Y	Y	Y													
1	1	/	0	3	/	2	0	0	5																
Trenton	NJ	08608																							
Purpose of Disbursement: Bank Fees			Category/ Type																						
Activity or Event Identifier: Admin 05/06																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.20		15.80		20.00

B. Full Name (Last, First, Middle Initial) Bank of America (Formerly Fleet Bank)			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address 150 West State Street			Allocated Activity or Event Year-To-Date 430994.73																						
City	State	Zip Code	Date <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>1</td><td>1</td><td>/</td><td>0</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td></tr></table> Transaction ID: 21a-16-03955-04047			M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	3	/	2	0	0	5
M	M	/				D	D	/	Y	Y	Y	Y													
1	1	/	0	3	/	2	0	0	5																
Trenton	NJ	08608																							
Purpose of Disbursement: Bank Fees			Category/ Type																						
Activity or Event Identifier: Admin 05/06																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.10		7.90		10.00

C. Full Name (Last, First, Middle Initial) Cooper Pest Control, Inc.			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address 351 Lawrence Station Rd.			Allocated Activity or Event Year-To-Date 431153.73																						
City	State	Zip Code	Date <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>1</td><td>1</td><td>/</td><td>0</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td></tr></table> Transaction ID: 21a-01-02132-03663			M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	6	/	2	0	0	5
M	M	/				D	D	/	Y	Y	Y	Y													
1	1	/	0	6	/	2	0	0	5																
Lawrenceville	NJ	08648																							
Purpose of Disbursement: Office Services - Facilities Maintenance			Category/ Type																						
Activity or Event Identifier: Admin 05/06																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
33.39		125.61		159.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
39.69		149.31		189.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Selectform			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																																
Mailing Address PO Box 1150			Allocated Activity or Event Year-To-Date 431207.90																																
City Farmingdale	State NY	Zip Code 11735	Date <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></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y																				
M	M	/	D	D	/	Y	Y	Y	Y																										
Purpose of Disbursement: Office - Legal Posters			Transaction ID: 21a-01-02133-03664																																
Activity or Event Identifier: Admin 05/06																																			

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
11.38		42.79		54.17

B. Full Name (Last, First, Middle Initial) Moore, Willie D.			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																																
Mailing Address 40 Prospect St			Allocated Activity or Event Year-To-Date 431492.90																																
City Trenton	State NJ	Zip Code 08618	Date <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></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y																				
M	M	/	D	D	/	Y	Y	Y	Y																										
Purpose of Disbursement: Office Services - Facilities Maintenance			Transaction ID: 21a-01-02134-03665																																
Activity or Event Identifier: Admin 05/06																																			

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
59.85		225.15		285.00

C. Full Name (Last, First, Middle Initial) Supreme Security Systems			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																																
Mailing Address 1565 Union Avenue			Allocated Activity or Event Year-To-Date 431822.83																																
City Union	State NJ	Zip Code 07083	Date <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></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y																				
M	M	/	D	D	/	Y	Y	Y	Y																										
Purpose of Disbursement: Office Services - Security			Transaction ID: 21a-01-02135-03666																																
Activity or Event Identifier: Admin 05/06																																			

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
69.29		260.64		329.93

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
140.52		528.58		669.10

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Lexis Nexis			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 7247-7090			Allocated Activity or Event Year-To-Date 431995.83		
City Philadelphia	State PA	Zip Code 19170-7090	Date <input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: Research Services			Transaction ID: 21a-01-02136-03667		
Activity or Event Identifier: Admin 05/06					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
36.33		136.67		173.00

B. Full Name (Last, First, Middle Initial) Hasler Financial Services, LLC			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address P.O. Box 45850			Allocated Activity or Event Year-To-Date 432223.43		
City San Francisco	State CA	Zip Code 94145-0850	Date <input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: Office Equipment			Transaction ID: 21a-01-02137-03668		
Activity or Event Identifier: Admin 05/06					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
47.80		179.80		227.60

C. Full Name (Last, First, Middle Initial) American Business Communications			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 103 Main St			Allocated Activity or Event Year-To-Date 432473.43		
City Little Falls	State NJ	Zip Code 07424	Date <input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: Telecommunications Services			Transaction ID: 21a-01-02138-03669		
Activity or Event Identifier: Admin 05/06					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
52.50		197.50		250.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
136.63		513.97		650.60

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Belmont and Crystal Springs			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 4170 Tanners Creek Dr			Allocated Activity or Event Year-To-Date 432513.25		
City Flowery Branch	State GA	Zip Code 30542	Date <input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: Office Services - Water			Transaction ID: 21a-01-02139-03670		
Activity or Event Identifier: Admin 05/06					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
8.36		31.46		39.82

B. Full Name (Last, First, Middle Initial) Patton Technologies, LLC			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 2333 Alexandria Drive			Allocated Activity or Event Year-To-Date 434513.25		
City Lexington	State KY	Zip Code 40504	Date <input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: Database Services			Transaction ID: 21a-01-02140-03671		
Activity or Event Identifier: Admin 05/06					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
420.00		1580.00		2000.00

C. Full Name (Last, First, Middle Initial) Perkins Coie LLP			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1201 Third Avenue - 40th Floor			Allocated Activity or Event Year-To-Date 435013.25		
City Seattle	State WA	Zip Code 98101-3099	Date <input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: Legal Services			Transaction ID: 21a-01-02141-03672		
Activity or Event Identifier: Admin 05/06					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
105.00		395.00		500.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
533.36		2006.46		2539.82

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial)
Perkins Coie LLP

Mailing Address
1201 Third Avenue - 40th Floor

City	State	Zip Code
Seattle	WA	98101-3099

Purpose of Disbursement:
Telecommunications Expenses

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

435016.98

Activity or Event Identifier:
Admin 05/06

Date

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

Transaction ID: 21a-01-02141-03673

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.78		2.95		3.73

B. Full Name (Last, First, Middle Initial)
PSE&G

Mailing Address
PO Box 14104

City	State	Zip Code
New Brunswick	NJ	08906-4104

Purpose of Disbursement:
Utilities

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

435983.58

Activity or Event Identifier:
Admin 05/06

Date

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

Transaction ID: 21a-01-02142-03674

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
202.99		763.61		966.60

C. Full Name (Last, First, Middle Initial)
PSE&G

Mailing Address
PO Box 14104

City	State	Zip Code
New Brunswick	NJ	08906-4104

Purpose of Disbursement:
Utilities

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

436266.46

Activity or Event Identifier:
Admin 05/06

Date

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

Transaction ID: 21a-01-02143-03675

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
59.40		223.48		282.88

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
263.17		990.04		1253.21

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) PSE&G			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 14104			Allocated Activity or Event Year-To-Date 436526.55		
City New Brunswick	State NJ	Zip Code 08906-4104	Date <input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: Utilities			Transaction ID: 21a-01-02144-03676		
Activity or Event Identifier: Admin 05/06					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
54.62		205.47		260.09

B. Full Name (Last, First, Middle Initial) Comcast Business Communications			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 827554			Allocated Activity or Event Year-To-Date 436718.29		
City Philadelphia	State PA	Zip Code 19182	Date <input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: Internet Services			Transaction ID: 21a-01-02145-03677		
Activity or Event Identifier: Admin 05/06					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
40.27		151.47		191.74

C. Full Name (Last, First, Middle Initial) Common Sense Consulting			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 222 Stony Brook Rd.			Allocated Activity or Event Year-To-Date 441718.29		
City Hopewell	State NJ	Zip Code 08525	Date <input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: Compliance Consulting Services			Transaction ID: 21a-01-02146-03678		
Activity or Event Identifier: Admin 05/06					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1050.00		3950.00		5000.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1144.89		4306.94		5451.83

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Common Sense Consulting			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 222 Stony Brook Rd.			Allocated Activity or Event Year-To-Date 446718.29		
City	State	Zip Code	Category/ Type		
Hopewell	NJ	08525			
Purpose of Disbursement: Compliance Consulting Services			Date <input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2005"/>		
Activity or Event Identifier: Admin 05/06			Transaction ID: 21a-01-02146-03679		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1050.00		3950.00		5000.00

B. Full Name (Last, First, Middle Initial) Voter Activation Network			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 54 Regent Street			Allocated Activity or Event Year-To-Date 451818.29		
City	State	Zip Code	Category/ Type		
Cambridge	MA	02140			
Purpose of Disbursement: Internet Services			Date <input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2005"/>		
Activity or Event Identifier: Admin 05/06			Transaction ID: 21a-01-02147-03680		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1071.00		4029.00		5100.00

C. Full Name (Last, First, Middle Initial) Metropolitan Telecommunications			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 9660			Allocated Activity or Event Year-To-Date 454308.56		
City	State	Zip Code	Category/ Type		
Manchester	NH	03108-9660			
Purpose of Disbursement: Telecommunications Services			Date <input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2005"/>		
Activity or Event Identifier: Admin 05/06			Transaction ID: 21a-01-02149-03682		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
522.96		1967.31		2490.27

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2643.96		9946.31		12590.27

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Trenton Water Works			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 333 Cortland Street PO Box 528			Allocated Activity or Event Year-To-Date 454436.17		
City	State	Zip Code	Category/Type		
Trenton	NJ	08603-0528			
Purpose of Disbursement: Utilities			Date <input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2005"/>		
Activity or Event Identifier: Admin 05/06			Transaction ID: 21a-01-02150-03683		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
26.80		100.81		127.61

B. Full Name (Last, First, Middle Initial) The Highlands at Plaza Square			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1 Richmond St			Allocated Activity or Event Year-To-Date 457481.17		
City	State	Zip Code	Category/Type		
New Brunswick	NJ	08901			
Purpose of Disbursement: Staff Housing			Date <input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2005"/>		
Activity or Event Identifier: Admin 05/06			Transaction ID: 21a-16-02679-02766		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
639.45		2405.55		3045.00

C. Full Name (Last, First, Middle Initial) Bank of America (Formerly Fleet Bank)			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 150 West State Street			Allocated Activity or Event Year-To-Date 457511.17		
City	State	Zip Code	Category/Type		
Trenton	NJ	08608			
Purpose of Disbursement: Bank Fees			Date <input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2005"/>		
Activity or Event Identifier: Admin 05/06			Transaction ID: 21a-16-03956-04048		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.30		23.70		30.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
672.55		2530.06		3202.61

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Bank of America (Formerly Fleet Bank)			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 150 West State Street			Allocated Activity or Event Year-To-Date 457541.17		
City	State	Zip Code	Category/ Type		
Trenton	NJ	08608			
Purpose of Disbursement: Bank Fees			Date <input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2005"/>		
Activity or Event Identifier: Admin 05/06			Transaction ID: 21a-16-03957-04049		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.30		23.70		30.00

B. Full Name (Last, First, Middle Initial) Bank of America (Formerly Fleet Bank)			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 150 West State Street			Allocated Activity or Event Year-To-Date 457571.17		
City	State	Zip Code	Category/ Type		
Trenton	NJ	08608			
Purpose of Disbursement: Bank Fees			Date <input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2005"/>		
Activity or Event Identifier: Admin 05/06			Transaction ID: 21a-16-03958-04050		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.30		23.70		30.00

C. Full Name (Last, First, Middle Initial) Moore, Willie D.			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 40 Prospect St			Allocated Activity or Event Year-To-Date 458571.17		
City	State	Zip Code	Category/ Type		
Trenton	NJ	08618			
Purpose of Disbursement: Office Services - Facilities Maintenance			Date <input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2005"/>		
Activity or Event Identifier: Admin 05/06			Transaction ID: 21a-01-02311-03892		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
210.00		790.00		1000.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
222.60		837.40		1060.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Supreme Security Systems			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1565 Union Avenue			Allocated Activity or Event Year-To-Date 458604.17		
City Union	State NJ	Zip Code 07083	Date MM / DD / YYYY 11 / 23 / 2005		
Purpose of Disbursement: Office Services - Security			Category/ Type		
Activity or Event Identifier: Admin 05/06			Transaction ID: 21a-01-02284-03863		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.93		26.07		33.00

B. Full Name (Last, First, Middle Initial) Supreme Security Systems			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1565 Union Avenue			Allocated Activity or Event Year-To-Date 458901.10		
City Union	State NJ	Zip Code 07083	Date MM / DD / YYYY 11 / 23 / 2005		
Purpose of Disbursement: Office Services - Security			Category/ Type		
Activity or Event Identifier: Admin 05/06			Transaction ID: 21a-01-02284-03865		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
62.36		234.57		296.93

C. Full Name (Last, First, Middle Initial) Jackson, Ivan			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 849 Hamilton Ave			Allocated Activity or Event Year-To-Date 460401.10		
City Trenton	State NJ	Zip Code 08629	Date MM / DD / YYYY 11 / 23 / 2005		
Purpose of Disbursement: Office Services - Facilities Maintenance			Category/ Type		
Activity or Event Identifier: Admin 05/06			Transaction ID: 21a-01-02285-03864		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
315.00		1185.00		1500.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
384.29		1445.64		1829.93

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Bank of America (Formerly Fleet Bank)			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 150 West State Street			Allocated Activity or Event Year-To-Date 460431.10		
City	State	Zip Code	Date <input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2005"/> Transaction ID: 21a-16-03959-04051		
Trenton	NJ	08608			
Purpose of Disbursement: Bank Fees			Category/ Type		
Activity or Event Identifier: Admin 05/06					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.30		23.70		30.00

B. Full Name (Last, First, Middle Initial) Verizon			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address Accounting Dept PO Box 361744			Allocated Activity or Event Year-To-Date 461666.85		
City	State	Zip Code	Date <input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2005"/> Transaction ID: 21a-01-02289-03869		
Columbus	OH	43236			
Purpose of Disbursement: Telecommunications Services			Category/ Type		
Activity or Event Identifier: Admin 05/06					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
259.51		976.24		1235.75

C. Full Name (Last, First, Middle Initial) Bank of America (Formerly Fleet Bank)			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 150 West State Street			Allocated Activity or Event Year-To-Date 461696.85		
City	State	Zip Code	Date <input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2005"/> Transaction ID: 21a-16-03960-04052		
Trenton	NJ	08608			
Purpose of Disbursement: Bank Fees			Category/ Type		
Activity or Event Identifier: Admin 05/06					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.30		23.70		30.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
272.11		1023.64		1295.75

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Bank of America (Formerly Fleet Bank)			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 150 West State Street			Allocated Activity or Event Year-To-Date 461726.85		
City	State	Zip Code	Category/Type		
Trenton	NJ	08608			
Purpose of Disbursement: Bank Fees					
Activity or Event Identifier: Admin 05/06			Date <input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2005"/> Transaction ID: 21a-16-03961-04053		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.30		23.70		30.00

B. Full Name (Last, First, Middle Initial) Bank of America (Formerly Fleet Bank)			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 150 West State Street			Allocated Activity or Event Year-To-Date 461846.85		
City	State	Zip Code	Category/Type		
Trenton	NJ	08608			
Purpose of Disbursement: Bank Fees					
Activity or Event Identifier: Admin 05/06			Date <input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2005"/> Transaction ID: 21a-16-03964-04056		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
25.20		94.80		120.00

C. Full Name (Last, First, Middle Initial) Bank of America (Formerly Fleet Bank)			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 150 West State Street			Allocated Activity or Event Year-To-Date 463033.85		
City	State	Zip Code	Category/Type		
Trenton	NJ	08608			
Purpose of Disbursement: Bank Fees					
Activity or Event Identifier: Admin 05/06			Date <input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2005"/> Transaction ID: 21a-16-03962-04054		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
249.27		937.73		1187.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
280.77		1056.23		1337.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Hellstrom, Emily			Type of Allocated Activity: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 66 Crosby St - Apt 6E			Allocated Activity or Event Year-To-Date 5907.28		
City	State	Zip Code	Date <input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2005"/> Transaction ID: 21a-16-02283-02366		
New York	NY	10012			
Purpose of Disbursement: Food & Beverage			Category/ Type		
Activity or Event Identifier: August 26 2005 Event					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
126.82		380.46		507.28

B. Full Name (Last, First, Middle Initial) Navitsnie, Genevieve			Type of Allocated Activity: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 2481 Magnolia Rd			Allocated Activity or Event Year-To-Date 8431.50		
City	State	Zip Code	Date <input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2005"/> Transaction ID: 21a-16-01707-01743		
Vineland	NJ	08361			
Purpose of Disbursement: Catering Services			Category/ Type		
Activity or Event Identifier: August 28 2005 Event					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
75.00		225.00		300.00

C. Full Name (Last, First, Middle Initial) Dan Mulhern Entertainment			Type of Allocated Activity: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 3219 W. Brigantine Ave - 2nd Fl			Allocated Activity or Event Year-To-Date 8706.50		
City	State	Zip Code	Date <input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2005"/> Transaction ID: 21a-16-01708-01744		
Brigantine Beach	NJ	08203			
Purpose of Disbursement: Entertainment Services - Musical Talent			Category/ Type		
Activity or Event Identifier: August 28 2005 Event					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
68.75		206.25		275.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
270.57		811.71		1082.28

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Cicalo, Peter			Type of Allocated Activity: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 124 Sailing Rd			Allocated Activity or Event Year-To-Date 8856.50		
City Manahawkin	State NJ	Zip Code 08050	Date MM / DD / YYYY 11 / 02 / 2005		
Purpose of Disbursement: Photography Services			Transaction ID: 21a-16-01709-01745		
Activity or Event Identifier: August 28 2005 Event					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
37.50		112.50		150.00

B. Full Name (Last, First, Middle Initial) Prestige Parking Services, Inc.			Type of Allocated Activity: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 246 North Avenue			Allocated Activity or Event Year-To-Date 9456.50		
City Garwood	State NJ	Zip Code 07027	Date MM / DD / YYYY 11 / 02 / 2005		
Purpose of Disbursement: Valet Services			Transaction ID: 21a-16-01710-01746		
Activity or Event Identifier: August 28 2005 Event					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
150.00		450.00		600.00

C. Full Name (Last, First, Middle Initial) A.C. Special Events Party Rentals			Type of Allocated Activity: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 6404 Black Horse Pike			Allocated Activity or Event Year-To-Date 9941.06		
City Egg Harbor Twp	State NJ	Zip Code 08234	Date MM / DD / YYYY 11 / 02 / 2005		
Purpose of Disbursement: Event Expenses - Decorations			Transaction ID: 21a-16-01711-01747		
Activity or Event Identifier: August 28 2005 Event					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
121.14		363.42		484.56

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
308.64		925.92		1234.56

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Brewster Fine Wines & Liquor			Type of Allocated Activity: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 690 South Brewster Rd			Allocated Activity or Event Year-To-Date 10392.75		
City	State	Zip Code	Date <input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2005"/> Transaction ID: 21a-16-01712-01748		
Vineland	NJ	08361			
Purpose of Disbursement: Food & Beverage			Category/ Type		
Activity or Event Identifier: August 28 2005 Event					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
112.92		338.77		451.69

B. Full Name (Last, First, Middle Initial) Magazzu, Louis			Type of Allocated Activity: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 812			Allocated Activity or Event Year-To-Date 10762.75		
City	State	Zip Code	Date <input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2005"/> Transaction ID: 21a-16-01713-01749		
Vineland	NJ	08362-0812			
Purpose of Disbursement: Postage Reimbursement			Category/ Type		
Activity or Event Identifier: August 28 2005 Event					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
92.50		277.50		370.00

C. Full Name (Last, First, Middle Initial) The Mail Room			Type of Allocated Activity: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1370 S. Main Rd			Allocated Activity or Event Year-To-Date 10852.75		
City	State	Zip Code	Date <input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2005"/> Transaction ID: 21a-16-01714-01750		
Vineland	NJ	08360			
Purpose of Disbursement: Delivery Services			Category/ Type		
Activity or Event Identifier: August 28 2005 Event					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
22.50		67.50		90.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
227.92		683.77		911.69

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) E-OnlineData			Type of Allocated Activity: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 5 Milk St			Allocated Activity or Event Year-To-Date 73742.21		
City Portland	State ME	Zip Code 04101	Date <input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: Credit Card Processing Fees			Transaction ID: 21a-01-02312-03893		
Activity or Event Identifier: General Fundraising					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
8.75		26.25		35.00

B. Full Name (Last, First, Middle Initial) Nova Information Systems			Type of Allocated Activity: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 7300 Chapman Highway			Allocated Activity or Event Year-To-Date 73756.87		
City Knoxville	State TN	Zip Code 37920	Date <input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: Credit Card Processing Fees			Transaction ID: 21a-01-02313-03894		
Activity or Event Identifier: General Fundraising					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.67		10.99		14.66

C. Full Name (Last, First, Middle Initial) Berger Strategies, Inc.			Type of Allocated Activity: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 322 Massachusetts Ave			Allocated Activity or Event Year-To-Date 88756.87		
City Washington	State DC	Zip Code 20002	Date <input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: General Fundraising Services			Transaction ID: 21a-16-02662-02746		
Activity or Event Identifier: General Fundraising					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3750.00		11250.00		15000.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3762.42		11287.24		15049.66

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Berger Strategies, Inc.			Type of Allocated Activity: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 322 Massachusetts Ave			Allocated Activity or Event Year-To-Date 88977.93		
City	State	Zip Code	Category/ Type		
Washington	DC	20002			
Purpose of Disbursement: General Fundraising Expenses			Date <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="5"/>		
Activity or Event Identifier: General Fundraising			Transaction ID: 21a-16-02662-02747		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
55.27		165.79		221.06

B. Full Name (Last, First, Middle Initial) Maer, Kelly			Type of Allocated Activity: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 307 West Mt. Vernon Ave			Allocated Activity or Event Year-To-Date 94977.93		
City	State	Zip Code	Category/ Type		
Haddonfield	NJ	08033			
Purpose of Disbursement: General Fundraising Services			Date <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="5"/>		
Activity or Event Identifier: General Fundraising			Transaction ID: 21a-16-02826-02913		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1500.00		4500.00		6000.00

C. Full Name (Last, First, Middle Initial) One Digital Studio			Type of Allocated Activity: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address Mukesh Kashiwala 221 Middlesex Essex Turnpike			Allocated Activity or Event Year-To-Date 16108.07		
City	State	Zip Code	Category/ Type		
Iselin	NJ	08830			
Purpose of Disbursement: Photography Services			Date <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="5"/>		
Activity or Event Identifier: September 17 2005 Event			Transaction ID: 21a-16-02252-02288		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
62.50		187.50		250.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1617.77		4853.29		6471.06

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial)
Bhatt Modi, Bela

Mailing Address
1264 Colts Lane

City	State	Zip Code
Yardley	PA	19067

Purpose of Disbursement:
Entertainment Sevices

Activity or Event Identifier:
September 17 2005 Event

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
16308.07

Date / /
Transaction ID: 21a-16-02254-02337

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
50.00		150.00		200.00

B. Full Name (Last, First, Middle Initial)
Noodle House

Mailing Address
2313 Route 1 S

City	State	Zip Code
North Brunswick	NJ	08902

Purpose of Disbursement:
Catering Services

Activity or Event Identifier:
September 17 2005 Event

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
18428.07

Date / /
Transaction ID: 21a-16-02255-02338

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
530.00		1590.00		2120.00

C. Full Name (Last, First, Middle Initial)
Party Pros

Mailing Address
1032 Stelton Rd

City	State	Zip Code
Piscataway	NJ	08854

Purpose of Disbursement:
Equipment Rental

Activity or Event Identifier:
September 17 2005 Event

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
18628.07

Date / /
Transaction ID: 21a-16-02256-02339

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
50.00		150.00		200.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
630.00		1890.00		2520.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial)
Casciano, Jerry

Mailing Address
85 Bingham Avenue

City	State	Zip Code
Rumson	NJ	07760

Purpose of Disbursement:
Photography Services

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

10155.30

Activity or Event Identifier:
September 29 2005 Event

Date

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

Transaction ID: 21a-16-02663-02748

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
131.25		393.75		525.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
131.25		393.75		525.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
14179.04	48045.88	62224.92

Image# 26980132063

Form/Schedule: **SB30b** Expenses relate to relocation, campaign mileage & tolls.

Transaction ID: **30b-16-02266-02349**

Form/Schedule: **SB30b** Expenses relate to campaign mileage.

Transaction ID: **30b-16-02271-02354**

Image# 26980132064

Form/Schedule: **SB30b** Expenses relate to campaign mileage.

Transaction ID: **30b-16-02273-02356**

Form/Schedule: **H4** Expenditure was incorrectly reported as travel expenses on prior filing. Transaction relates to reimbursement for fundraising event food & beverage.

Transaction ID: **21a-16-02283-02366**

Image# 26980132065

Form/Schedule: **SB30b** Expenses relate to transportation services for canvassing
Transaction ID: **30b-16-02670-02757**

Form/Schedule: **SB30b** Transaction reported as a prior period void on the February Monthly; satisfied via subsequent payment. Underlying transaction not related to printing or distribution of printed materials that meet any of the content standards of T1 CFR 109.21(c).
Transaction ID: **30b-16-02739-02821**

Image# 26980132066

Form/Schedule: **SB30b** Transaction not related to printing or distribution of printed materials that meet any of the content standards of 11 CFR 109.21(c), including express advocacy.
Transaction ID: ~~30b-16-02735-02822~~

Form/Schedule: **SA15** See June Monthly: Schedule H4 for original transaction dated 05/20/2005. None of the original payment was reimbursed from the committee's nonfederal account.
Transaction ID: ~~15-16-02876-02967~~

Form/Schedule: **F3XA**

Field Consulting Services is a term used to describe payments made to vendors who performed canvassing/voter contact activities.

Transaction ID:

Form/Schedule: **F3XA**

Schedule H4 Line 21(a) - The committee's report discloses payments for telecommunications services which is a description that represents telephone services including long distance cellular conference calling fax services and telephone systems. No disbursement identified as telecommunications services was for the purpose of public communications as defined in federal regulations

Transaction ID:

Form/Schedule: **F3XA**

Transaction ID:

Telecommunications Expenses & Travel Expenses - The committee's report discloses payments for telecommunications expenses and telecommunications/travel expenses, which are terms used to describe payments made to staff for personal cellular telephone usage and vehicle usage. The subject payments are staff allowances for use of non-committee resources. The payments are not made as reimbursements for specific vendor expenses incurred by staff.

Form/Schedule: **F3XA**

Transaction ID:

Schedule A, Line 12 -Joint Fundraising Transfer - The committee's report discloses a joint fundraising transfer. Please note that memos related to joint fundraising proceeds are not always received from the joint fundraising committees during the reporting period in which transfers are made. Proceeds collected by joint fundraising committees are not sent immediately to a state party, but on a regular schedule and may not be paid out corresponding to filing periods; it is not uncommon for the joint fundraising committees to provide reportable memo contribution information before and/or after related transfers are made.