



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

PALLONE FOR CONGRESS

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 4 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 5 |

|   |   |
|---|---|
| D | D |
| 1 | 7 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

|                                                                                                                   | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|-------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------|
| <b>6. Net Contributions (other than loans)</b>                                                                    |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e)).....                                              | 76157.89                | 734328.45                          |
| (b) Total Contribution Refunds<br>(from Line 20(d)).....                                                          | 0.00                    | 1800.00                            |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)).....                              | 76157.89                | 732528.45                          |
| <b>7. Net Operating Expenditures</b>                                                                              |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17).....                                                           | 35272.27                | 369611.62                          |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....                                                | 0.00                    | 582.77                             |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)).....                                        | 35272.27                | 369028.85                          |
| <b>8. Cash on Hand at Close of<br/>Reporting Period (from Line 27).....</b>                                       | 1169666.14              |                                    |
| <b>9. Debts and Obligations Owed TO<br/>the Committee (Itemize all on<br/>Schedule C and/or Schedule D).....</b>  | 0.00                    |                                    |
| <b>10. Debts and Obligations Owed BY<br/>the Committee (Itemize all on<br/>Schedule C and/or Schedule D).....</b> | 480.20                  |                                    |

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name  
 PALLONE FOR CONGRESS

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 4 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 5 |

|   |   |
|---|---|
| D | D |
| 1 | 7 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

**I. RECEIPTS**

**COLUMN A**  
Total This Period

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

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

46750.00

340245.76

(ii) Unitemized.....

3400.00

20680.00

(iii) TOTAL of contributions

50150.00

360925.76

from individuals..... ▶

1007.89

8392.69

(b) Political Party Committees.....

25000.00

365010.00

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

76157.89

734328.45

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

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

0.00

0.00

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

0.00

582.77

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

2427.88

38585.00

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

78585.77

773496.22

**DETAILED SUMMARY PAGE**  
of Disbursements

| <b>II. DISBURSEMENTS</b>                                                     | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Election Cycle-to-Date</b> |
|------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------|
| 17. OPERATING EXPENDITURES.....                                              | 35272.27                              | 369611.62                                  |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES.....                         | 0.00                                  | 0.00                                       |
| 19. LOAN REPAYMENTS:                                                         |                                       |                                            |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                                  | 0.00                                       |
| (b) Of all Other Loans.....                                                  | 960.40                                | 8643.60                                    |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 960.40                                | 8643.60                                    |
| 20. REFUNDS OF CONTRIBUTIONS TO:                                             |                                       |                                            |
| (a) Individuals/Persons Other<br>Than Political Committees.....              | 0.00                                  | 300.00                                     |
| (b) Political Party Committees.....                                          | 0.00                                  | 0.00                                       |
| (c) Other Political Committees<br>(such as PACs).....                        | 0.00                                  | 1500.00                                    |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 0.00                                  | 1800.00                                    |
| 21. OTHER DISBURSEMENTS.....                                                 | 1000.00                               | 218845.09                                  |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 37232.67                              | 598900.31                                  |

**III. CASH SUMMARY**

|                                                                                       |            |
|---------------------------------------------------------------------------------------|------------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 1128313.04 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....                             | 78585.77   |
| 25. SUBTOTAL (add Line 23 and Line 24).....                                           | 1206898.81 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 37232.67   |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 1169666.14 |

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 5 / 69                  |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
**PALLONE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
James G. Aaron

Mailing Address 10 Muncy Dr.

City State Zip Code  
W. Long Branch NJ 07764

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

Name of Employer Self Occupation  
Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 15 / 2006

Transaction ID: SA11A1.23955

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Eric I. Abraham

Mailing Address 12 Fallswood Lane

City State Zip Code  
Manalapan NJ 07726

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

Name of Employer Hill Wallack Occupation  
Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 08 / 2006

Transaction ID: SA11A1.23780

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Sidney E. Amster

Mailing Address 1732 Independence Lane

City State Zip Code  
Cherry Hill NJ 08003

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

Name of Employer Self Occupation  
Consultant/Professor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 08 / 2006

Transaction ID: SA11A1.23782

Amount of Each Receipt this Period  
1000.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 6 / 69                  |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
PALLONE FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Gene J. Anthony

Mailing Address 48 South St.

City State Zip Code  
Eatontown NJ 07724

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

Name of Employer Self Occupation  
Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
750.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 15 / 2006

Transaction ID: SA11A1.23957

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Martin J. Arbus

Mailing Address 50 Ascot Dr.

City State Zip Code  
Wayside NJ 07712

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

Name of Employer Self Occupation  
Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 08 / 2006

Transaction ID: SA11A1.23862

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Elliott Balbert

Mailing Address 6072 John Muir Rd.

City State Zip Code  
Hidden Hills CA 91302

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

Name of Employer Natrol, Inc. Occupation  
Business Exec.

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
600.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 01 / 2006

Transaction ID: SA11A1.23817

Amount of Each Receipt this Period  
600.00

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

|                                                                  |   |         |
|------------------------------------------------------------------|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1100.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 7 / 69                  |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        | <input type="checkbox"/> 15             |                              |

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NAME OF COMMITTEE (In Full)  
PALLONE FOR CONGRESS

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

Mailing Address 6072 John Muir Rd.

City Hidden Hills State CA Zip Code 91302

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

Name of Employer Natrol, Inc. Occupation Business Exec.

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

**Transaction ID:** SA11A1.23818

Amount of Each Receipt this Period  
 400.00

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

**B.** Full Name (Last, First, Middle Initial)  
Steven I. Beilowitz

Mailing Address 301 Browning Lane #12 Centura

City Cherry Hill State NJ Zip Code 08003

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

Name of Employer Best Efforts Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 0 8 / 2 0 0 6

**Transaction ID:** SA11A1.23784

Amount of Each Receipt this Period  
 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Jon Benninger

Mailing Address 1 W. Campbell Ave., Apt. 2150

City Phoenix State AZ Zip Code 85013

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

Name of Employer Virgo Publishing, Inc. Occupation Group Publisher

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

**Transaction ID:** SA11A1.23820

Amount of Each Receipt this Period  
 500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1900.00

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

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 8 / 69                  |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
PALLONE FOR CONGRESS

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

Mailing Address 1838 16th St. NW #2

City State Zip Code  
Washington DC 20009

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

Name of Employer Ryan,Phillips,Utrecht,Mac-Kinno  
Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 17 / 2006

Transaction ID: SA11A1.24128

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Campus Eye Group

Mailing Address 1700 Whitehorse-Hamilton Sq. Rd.

City State Zip Code  
Hamilton Square NJ 08690

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

Name of Employer  
Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2006

Transaction ID: SA11A1.23989

Amount of Each Receipt this Period  
500.00

see next item

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

**C.** Full Name (Last, First, Middle Initial)  
E. Bruce DiDonato

Mailing Address 1700 Whitehorse-Hamilton Sq. Rd.

City State Zip Code  
Hamilton Square NJ 08690

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

Name of Employer Campus Eye Group  
Occupation Sole Prop.

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2006

Transaction ID: SA11A1.23989.0

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1000.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 9 / 69                  |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        | <input type="checkbox"/> 15             |                              |

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NAME OF COMMITTEE (In Full)  
PALLONE FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Michael G. Celli

Mailing Address 382 Morris Ave.

City State Zip Code  
Long Branch NJ 07740

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

Name of Employer Self Occupation  
Attorney

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 15 / 2006

Transaction ID: SA11A1.24010

Amount of Each Receipt this Period  
100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Santhosh Cheela

Mailing Address 349 McKinley St.

City State Zip Code  
Edison NJ 08820

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

Name of Employer Self Occupation  
Physician

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 17 / 2006

Transaction ID: SA11A1.24009

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Asha Chopra

Mailing Address 704 DeMott Court

City State Zip Code  
Westbury NY 11590

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

Name of Employer N/A Occupation  
Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 01 / 2006

Transaction ID: SA11A1.23821

Amount of Each Receipt this Period  
1000.00

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 10 / 69                 |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
PALLONE FOR CONGRESS

|                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Philip Christopher<br>Mailing Address 108 Fairway View Dr.<br>City Commack State NY Zip Code 11725<br>FEC ID number of contributing federal political committee. <b>C</b>                                       |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 1 7 / 2 0 0 6<br><b>Transaction ID:</b> SA11A1.24011<br>Amount of Each Receipt this Period<br>1000.00<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer: Audiovox Communications Corp.<br>Occupation: Pres. & CEO<br>Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Election Cycle-to-Date ▼<br>1000.00 |  |                                                                                                                                                                                                                                                        |

|                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Dev D. Dabas<br>Mailing Address 26 Drinking Brook Rd.<br>City Monmouth Junction State NJ Zip Code 08852<br>FEC ID number of contributing federal political committee. <b>C</b>                                |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 1 5 / 2 0 0 6<br><b>Transaction ID:</b> SA11A1.24013<br>Amount of Each Receipt this Period<br>500.00<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer: Loreal USA<br>Occupation: Mgr. Purchasing Raw Materials<br>Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Election Cycle-to-Date ▼<br>500.00 |  |                                                                                                                                                                                                                                                       |

|                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Richard A. DeConca<br>Mailing Address 21 Karen Dr.<br>City Tinton Falls State NJ Zip Code 07753<br>FEC ID number of contributing federal political committee. <b>C</b>                                        |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 1 7 / 2 0 0 6<br><b>Transaction ID:</b> SA11A1.24015<br>Amount of Each Receipt this Period<br>100.00<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer: Falcetano & DeConca, PC<br>Occupation: Attorney/Partner<br>Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Election Cycle-to-Date ▼<br>350.00 |  |                                                                                                                                                                                                                                                       |

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 11 / 69                 |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
PALLONE FOR CONGRESS

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

Mailing Address 235 Munsee Way

City State Zip Code  
Westfield NJ 07090

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

Name of Employer SDF Consultants Occupation Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 01 / 2006

Transaction ID: SA11A1.23824

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
John M. DePalma

Mailing Address 1006 Shawnee Lane

City State Zip Code  
Shamong NJ 08088

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

Name of Employer Burlington Cty. Foot & Ankle Occupation Physician/Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
05 / 08 / 2006

Transaction ID: SA11A1.23806

Amount of Each Receipt this Period  
150.00

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

**C.** Full Name (Last, First, Middle Initial)  
Alex DeSevo

Mailing Address 67 Harvey Ave.

City State Zip Code  
Lincroft NJ 07738

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

Name of Employer Levinson, Axelrod, Wheaton, etc Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2006

Transaction ID: SA11A1.23958

Amount of Each Receipt this Period  
250.00

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

|                                                                  |               |
|------------------------------------------------------------------|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>900.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 12 / 69                 |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
PALLONE FOR CONGRESS

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

Mailing Address 32 Sun Mountain St.

City State Zip Code  
Califon NJ 07830

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

Name of Employer Autumn Harvest Natural Foods  
Occupation Manager

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 01 / 2006

Transaction ID: SA11A1.23825

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Norman P. Einhorn

Mailing Address 5 Hartshorne Rd.

City State Zip Code  
Wayside NJ 07712

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

Name of Employer Best Efforts  
Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 12 / 2006

Transaction ID: SA11A1.23950

Amount of Each Receipt this Period  
300.00

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

**C.** Full Name (Last, First, Middle Initial)  
Etzioni Partners

Mailing Address 411 Hackensack Ave. 5th Fl.

City State Zip Code  
Hackensack NJ 07601

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

Name of Employer  
Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 08 / 2006

Transaction ID: SA11A1.23785

Amount of Each Receipt this Period  
1000.00

see next 5 items

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

|                                                                  |   |         |
|------------------------------------------------------------------|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1550.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 13 / 69                 |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
PALLONE FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Vincent N. Falcetano

Mailing Address 22 Rosalie Ave.

City State Zip Code  
Rumson NJ 07760

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

Name of Employer Falcetano & DeConca, PC Occupation Attorney/Partner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 17 / 2006

Transaction ID: SA11A1.24030

Amount of Each Receipt this Period  
100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Robert C. Fericola

Mailing Address 106 A Euclid Ave.

City State Zip Code  
Loch Arbour NJ 07711

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

Name of Employer Fericola & Escandon Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 15 / 2006

Transaction ID: SA11A1.23959

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Marjorie L. Fine

Mailing Address 620 Greystone Terr.

City State Zip Code  
Orinda CA 94563

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

Name of Employer Shaklee Corp. Occupation Exec. VP

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 01 / 2006

Transaction ID: SA11A1.23827

Amount of Each Receipt this Period  
500.00

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

|                                                                  |   |         |
|------------------------------------------------------------------|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1100.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 14 / 69                 |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
PALLONE FOR CONGRESS

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

Mailing Address 18 Exeter Lane

City State Zip Code  
Morristown NJ 07960

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

Name of Employer P. L. Thomas & Co., Inc. Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 01 / 2006

Transaction ID: SA11A1.23829

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Foss, San Filippo & Milne

Mailing Address 225 Broad St.

City State Zip Code  
Red Bank NJ 07701

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 17 / 2006

Transaction ID: SA11A1.24016

Amount of Each Receipt this Period  
250.00

See next item

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

**C.** Full Name (Last, First, Middle Initial)  
Gregory R. Milne

Mailing Address 12 Princeton St.

City State Zip Code  
Red Bank NJ 07701

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

Name of Employer Foss, SanFilippo, Milne Occupation Attorney/Partner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 17 / 2006

Transaction ID: SA11A1.24016.0

Amount of Each Receipt this Period  
250.00

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

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

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

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

|                                                                        |                              |                              |
|------------------------------------------------------------------------|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 15 / 69                 |
|                                                                        | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12                                            | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b |
| <input type="checkbox"/> 14                                            | <input type="checkbox"/> 15  |                              |

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NAME OF COMMITTEE (In Full)  
**PALLONE FOR CONGRESS**

|                                                                                                                                                 |                                              |                                                                                               |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Jan Gale</b>                                                                                   |                                              | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 / 20 / 2006                                      |  |
| Mailing Address 17 A Marlen Dr.                                                                                                                 |                                              | Transaction ID: SA11A1.23768                                                                  |  |
| City State Zip Code<br>Hamilton NJ 08691                                                                                                        | Amount of Each Receipt this Period<br>500.00 |                                                                                               |  |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                             |                                              | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer<br>Int'l Process Plants                                                                                                        | Occupation<br>Exec. VP                       |                                                                                               |  |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>500.00           |                                                                                               |  |

|                                                                                                                                                 |                                              |                                                                                               |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. William Gehlhaus</b>                                                                           |                                              | Date of Receipt<br>M M / D D / Y Y Y Y<br>05 / 15 / 2006                                      |  |
| Mailing Address 26 Hooper Ave.                                                                                                                  |                                              | Transaction ID: SA11A1.23961                                                                  |  |
| City State Zip Code<br>Atlantic Highlands NJ 07716                                                                                              | Amount of Each Receipt this Period<br>250.00 |                                                                                               |  |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                             |                                              | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer<br>New Point Comfort Beach Co.                                                                                                 | Occupation<br>President                      |                                                                                               |  |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>500.00           |                                                                                               |  |

|                                                                                                                                                 |                                              |                                                                                               |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Daniel H. Gendel</b>                                                                           |                                              | Date of Receipt<br>M M / D D / Y Y Y Y<br>05 / 15 / 2006                                      |  |
| Mailing Address 189 E. Bergen Pl.                                                                                                               |                                              | Transaction ID: SA11A1.23962                                                                  |  |
| City State Zip Code<br>Red Bank NJ 07701                                                                                                        | Amount of Each Receipt this Period<br>250.00 |                                                                                               |  |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                             |                                              | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer<br>Gendel & Brod                                                                                                               | Occupation<br>Attorney/Partner               |                                                                                               |  |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>500.00           |                                                                                               |  |

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

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 16 / 69                 |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
PALLONE FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Gill & Chamas

Mailing Address PO Box 760

City State Zip Code  
Woodbridge NJ 07095

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2006

Transaction ID: SA11A1.23964

Amount of Each Receipt this Period  
500.00

see next item

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

**B.** Full Name (Last, First, Middle Initial)  
Raymond A. Gill Jr

Mailing Address PO Box 760

City State Zip Code  
Woodbridge NJ 07095

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

Name of Employer Occupation  
Gill & Chamas Attorney/Partner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2006

Transaction ID: SA11A1.23964.0

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
William W. Graham

Mailing Address 28 Oak Ct.

City State Zip Code  
Spring Lake Height NJ 07762

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

Name of Employer Occupation  
Self Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2006

Transaction ID: SA11A1.24020

Amount of Each Receipt this Period  
250.00

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

|                                                                  |               |
|------------------------------------------------------------------|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>750.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |



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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 17 / 69                 |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
PALLONE FOR CONGRESS

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

Mailing Address 706 Butternut Dr.

City State Zip Code  
Franklin Lakes NJ 07417

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

Name of Employer Best Efforts Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 01 / 2006

**Transaction ID:** SA11A1.23831

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 7 Old Weathersfield Rd.

City State Zip Code  
Ocean NJ 07712

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

Name of Employer Giordano, Halleran & Cies-la Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 15 / 2006

**Transaction ID:** SA11A1.23966

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Alice J. Guttler

Mailing Address 20 Wildflower Ct.

City State Zip Code  
Freehold NJ 07728

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

Name of Employer Centrastate Healthcare System Occupation Corporate Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 08 / 2006

**Transaction ID:** SA11A1.23807

Amount of Each Receipt this Period  
250.00

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

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

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 18 / 69                 |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
PALLONE FOR CONGRESS

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

Mailing Address 24 Lehigh Rd.

City State Zip Code  
Neshanic Station NJ 08853

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

Name of Employer Occupation  
Blackstone Group, LLC Pres. & CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 24 / 2006

Transaction ID: SA11A1.23769

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 569 Hwy 36

City State Zip Code  
Belford NJ 07718

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

Name of Employer Occupation  
Healy & Falk Partner/Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 15 / 2006

Transaction ID: SA11A1.23968

Amount of Each Receipt this Period  
150.00

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

**C.** Full Name (Last, First, Middle Initial)  
Prakash Hingorani

Mailing Address 114 Rivendell Way

City State Zip Code  
Edison NJ 08817

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

Name of Employer Occupation  
Universal Capsules, LLC Member

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 01 / 2006

Transaction ID: SA11A1.23832

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1650.00**

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

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 19 / 69                 |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
PALLONE FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Lyle D. Hurd

Mailing Address 1280 Shoni Circle

City State Zip Code  
Ivins UT 84738

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

Name of Employer Best Efforts Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 01 / 2006

**Transaction ID:** SA11A1.23834

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Angela E. Jingoli

Mailing Address 5 Dorchester Court

City State Zip Code  
Princeton NJ 08540

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

Name of Employer N/A Occupation Housewife

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1100.00

Date of Receipt  
MM / DD / YYYY  
04 / 17 / 2006

**Transaction ID:** SA11A1.23771

Amount of Each Receipt this Period  
1100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Angela E. Jingoli

Mailing Address 5 Dorchester Court

City State Zip Code  
Princeton NJ 08540

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

Name of Employer N/A Occupation Housewife

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
MM / DD / YYYY  
04 / 17 / 2006

**Transaction ID:** SA11A1.23772

Amount of Each Receipt this Period  
400.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2000.00**

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

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 20 / 69                 |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
PALLONE FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Joseph R. Jingoli

Mailing Address 30 Woodmont Dr.

City State Zip Code  
Lawrenceville NJ 08648

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

Name of Employer Jos. Jingoli & Son, Inc. Occupation Co-Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 17 / 2006

Transaction ID: SA11A1.23770

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mazin A. Kalian

Mailing Address 14 Sailers Way

City State Zip Code  
Rumson NJ 07760

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

Name of Employer Kalian Corp. Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1100.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 06 / 2006

Transaction ID: SA11A1.23773

Amount of Each Receipt this Period  
100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mazin A. Kalian

Mailing Address 14 Sailers Way

City State Zip Code  
Rumson NJ 07760

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

Name of Employer Kalian Corp. Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 06 / 2006

Transaction ID: SA11A1.23774

Amount of Each Receipt this Period  
400.00

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

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

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 21 / 69                 |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
PALLONE FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Harvey S. Karpo

Mailing Address 649 N. Broad St.

City State Zip Code  
Woodbury NJ 08096

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

Name of Employer  
Podiatric Medicine & Surgery  
Occupation  
Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 10 / 2006

Transaction ID: SA11A1.23863

Amount of Each Receipt this Period  
150.00

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

**B.** Full Name (Last, First, Middle Initial)  
Francis J. Kelly

Mailing Address 202 Rte 37 West

City State Zip Code  
Toms River NJ 08755

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

Name of Employer  
Self  
Occupation  
Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 24 / 2006

Transaction ID: SA11A1.23776

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Poonam Khubani

Mailing Address 55 Chestnut Ridge Rd.

City State Zip Code  
Saddle River NJ 07458

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

Name of Employer  
Best Efforts  
Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 01 / 2006

Transaction ID: SA11A1.23837

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **900.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 22 / 69                 |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
PALLONE FOR CONGRESS

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

Mailing Address 1645 A. Jericho Tpke

City State Zip Code  
New Hyde Park NY 11040

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

Name of Employer Best Efforts Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 01 / 2006

Transaction ID: SA11A1.23839

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
David A. Krenkel

Mailing Address 1001 Deal Rd.

City State Zip Code  
Ocean NJ 07712

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

Name of Employer Self Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 17 / 2006

Transaction ID: SA11A1.24021

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Elizabeth K. Lambert

Mailing Address 56 Farmersville Rd.

City State Zip Code  
Califon NJ 07830

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

Name of Employer Herbalist & Alchemist Occupation CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 01 / 2006

Transaction ID: SA11A1.23841

Amount of Each Receipt this Period  
500.00

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

|                                                                  |   |         |
|------------------------------------------------------------------|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1250.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 23 / 69                 |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
PALLONE FOR CONGRESS

|                                                                                                                                                 |                                    |                                                                                               |                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Mark A. LeDoux</b>                                                                             |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 1 7 / 2 0 0 6                                 |                                              |
| Mailing Address 64 Dow Road                                                                                                                     |                                    | Transaction ID: SA11A1.24134                                                                  |                                              |
| City Hollis                                                                                                                                     | State NH                           | Zip Code 03049                                                                                | Amount of Each Receipt this Period<br>500.00 |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                             |                                    | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |                                              |
| Name of Employer<br>Natural Alternatives Int'l                                                                                                  | Occupation<br>CEO                  |                                                                                               |                                              |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>500.00 |                                                                                               |                                              |

|                                                                                                                                                 |                                     |                                                                                               |                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Michael E. Levin</b>                                                                           |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 0 8 / 2 0 0 6                                 |                                               |
| Mailing Address 2 Chestnut Hill Dr.                                                                                                             |                                     | Transaction ID: SA11A1.23793                                                                  |                                               |
| City Manalapan                                                                                                                                  | State NJ                            | Zip Code 07726                                                                                | Amount of Each Receipt this Period<br>1000.00 |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                             |                                     | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |                                               |
| Name of Employer<br>Levin,Shea,Pfeffer & Topas                                                                                                  | Occupation<br>Attorney              |                                                                                               |                                               |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1000.00 |                                                                                               |                                               |

|                                                                                                                                                 |                                    |                                                                                               |                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Larry S. Loigman</b>                                                                           |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 1 2 / 2 0 0 6                                 |                                              |
| Mailing Address PO Box 97                                                                                                                       |                                    | Transaction ID: SA11A1.23952                                                                  |                                              |
| City Middletown                                                                                                                                 | State NJ                           | Zip Code 07748                                                                                | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                             |                                    | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |                                              |
| Name of Employer<br>Self                                                                                                                        | Occupation<br>Attorney             |                                                                                               |                                              |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>500.00 |                                                                                               |                                              |

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

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 24 / 69                 |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
PALLONE FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Manna & Bonello

Mailing Address 648 Ocean Ave.

City State Zip Code  
Long Branch NJ 07740

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2006

Transaction ID: SA11A1.24003

Amount of Each Receipt this Period  
250.00

see next item

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

**B.** Full Name (Last, First, Middle Initial)  
John L. Bonello

Mailing Address 7 Nottingham Dr.

City State Zip Code  
Eatontown NJ 07724

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

Name of Employer Occupation  
Manna & Bonello Attorney/Partner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2006

Transaction ID: SA11A1.24003.0

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Martin & Melody

Mailing Address 3 Revmont Park #316

City State Zip Code  
Shrewsbury NJ 07702

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
05 / 11 / 2006

Transaction ID: SA11A1.23864

Amount of Each Receipt this Period  
250.00

see next item

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

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



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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 25 / 69                 |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        | <input type="checkbox"/> 15             |                              |

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NAME OF COMMITTEE (In Full)  
PALLONE FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Eugene J. Melody

Mailing Address 19 Leroy Pl.

City State Zip Code  
Red Bank NJ 07701

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

Name of Employer Occupation  
Martin & Melody Attorney/Partner

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

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

Transaction ID: SA11A1.23864.0

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
William C. Matsikoudis

Mailing Address 321-26 Spring St.

City State Zip Code  
Red Bank NJ 07701

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

Name of Employer Occupation  
City of Jersey City, NJ Attorney

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

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

Transaction ID: SA11A1.23974

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Eugene J. McDonald

Mailing Address 170 Broad St.

City State Zip Code  
Matawan NJ 07747

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

Name of Employer Occupation  
Self Attorney

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

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

Transaction ID: SA11A1.23969

Amount of Each Receipt this Period  
250.00

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 26 / 69                 |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        | <input type="checkbox"/> 15             |                              |

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NAME OF COMMITTEE (In Full)  
PALLONE FOR CONGRESS

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

Mailing Address 2333 Cloy Ave.

City State Zip Code  
Venice CA 90292

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

Name of Employer  
Amer. Herbal Products Ass-  
n. Occupation  
Exec. Mgr.

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

1000.00

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

Transaction ID: SA11A1.23970

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
James J. McGuire Jr.

Mailing Address 86 Court St.

City State Zip Code  
Freehold NJ 07728

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

Name of Employer  
Self Occupation  
Attorney

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

600.00

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

Transaction ID: SA11A1.23972

Amount of Each Receipt this Period  
100.00

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

**C.** Full Name (Last, First, Middle Initial)  
James J. McGuire Jr.

Mailing Address 86 Court St.

City State Zip Code  
Freehold NJ 07728

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

Name of Employer  
Self Occupation  
Attorney

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

750.00

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

Transaction ID: SA11A1.23973

Amount of Each Receipt this Period  
150.00

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

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

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

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 27 / 69                 |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
**PALLONE FOR CONGRESS**

|                                                                                                                                                 |                                                                     |                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Richard D. McOmber</b>                                                                         |                                                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 1 7 / 2 0 0 6                                 |
| Mailing Address <b>PO Box 308</b>                                                                                                               |                                                                     | Transaction ID: SA11A1.24023                                                                  |
| City <b>Rumson</b>                                                                                                                              | State <b>NJ</b>                                                     | Amount of Each Receipt this Period<br>150.00                                                  |
| Zip Code <b>07760</b>                                                                                                                           | FEC ID number of contributing federal political committee. <b>C</b> | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer <b>McOmber &amp; McOmber</b>                                                                                                   | Occupation <b>Attorney</b>                                          |                                                                                               |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>250.00                                  |                                                                                               |

|                                                                                                                                                 |                                                                     |                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Daniel J. McSweeney</b>                                                                        |                                                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 1 5 / 2 0 0 6                                 |
| Mailing Address <b>400 Buckboard Lane</b>                                                                                                       |                                                                     | Transaction ID: SA11A1.24025                                                                  |
| City <b>Ojai</b>                                                                                                                                | State <b>CA</b>                                                     | Amount of Each Receipt this Period<br>500.00                                                  |
| Zip Code <b>93023</b>                                                                                                                           | FEC ID number of contributing federal political committee. <b>C</b> | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer <b>Vitamin Retailers Magazine</b>                                                                                              | Occupation <b>Owner</b>                                             |                                                                                               |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>500.00                                  |                                                                                               |

|                                                                                                                                                 |                                                                     |                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Joseph Meehan</b>                                                                              |                                                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 1 5 / 2 0 0 6                                 |
| Mailing Address <b>52 Thornbrooke Dr.</b>                                                                                                       |                                                                     | Transaction ID: SA11A1.24006                                                                  |
| City <b>Shrewsbury</b>                                                                                                                          | State <b>NJ</b>                                                     | Amount of Each Receipt this Period<br>250.00                                                  |
| Zip Code <b>07702</b>                                                                                                                           | FEC ID number of contributing federal political committee. <b>C</b> | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer <b>Self</b>                                                                                                                    | Occupation <b>Attorney</b>                                          |                                                                                               |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>500.00                                  |                                                                                               |

|                                                                    |        |
|--------------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 900.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____  |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 28 / 69                 |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
PALLONE FOR CONGRESS

|                                                                                                                                                 |                                              |                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Richard L. Morganstein                                                                     |                                              | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 1 5 / 2 0 0 6                                 |
| Mailing Address 67 Crest Dr.                                                                                                                    |                                              | Transaction ID: SA11A1.23975                                                                  |
| City State Zip Code<br>South Orange NJ 07079                                                                                                    | Amount of Each Receipt this Period<br>250.00 |                                                                                               |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                             |                                              | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer<br>Morganstein Eye Assoc.                                                                                                      | Occupation<br>Optometric Physician           |                                                                                               |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>250.00           |                                                                                               |

|                                                                                                                                                 |                                              |                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> George M. Nassoor DPM                                                                      |                                              | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 0 2 / 2 0 0 6                                 |
| Mailing Address 430 Memorial Pkwy                                                                                                               |                                              | Transaction ID: SA11A1.23811                                                                  |
| City State Zip Code<br>Phillipsburg NJ 08865                                                                                                    | Amount of Each Receipt this Period<br>150.00 |                                                                                               |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                             |                                              | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer<br>NJ Pediatric Med. Soc.                                                                                                      | Occupation<br>Physician                      |                                                                                               |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>275.00           |                                                                                               |

|                                                                                                                                                 |                                              |                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Todd Norton                                                                                |                                              | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 0 1 / 2 0 0 6                                 |
| Mailing Address 267 E. Oak Ridge Dr.                                                                                                            |                                              | Transaction ID: SA11A1.23842                                                                  |
| City State Zip Code<br>Elk Ridge UT 84651                                                                                                       | Amount of Each Receipt this Period<br>500.00 |                                                                                               |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                             |                                              | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer<br>Sabina Corp.                                                                                                                | Occupation<br>Pres. & COO                    |                                                                                               |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>500.00           |                                                                                               |

|                                                                    |        |
|--------------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 900.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____  |

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 29 / 69                 |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
**PALLONE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
Dennis R. O'Brien

Mailing Address 60 Battin Rd.

City State Zip Code  
Fair Haven NJ 07704

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

Name of Employer Occupation  
Campbell Foley Lee Murphy Attorney

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 550.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2006

**Transaction ID:** SA11A1.23977

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Saroj Patel

Mailing Address 6 Azalea Trail

City State Zip Code  
Westfield NJ 07090

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

Name of Employer Occupation  
Dilip Patel & Co. Manager

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 28 / 2006

**Transaction ID:** SA11A1.23813

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Vincent M. Paternoster

Mailing Address 6 Curving Hill Drive

City State Zip Code  
Montague NJ 07827

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

Name of Employer Occupation  
NutriSport Pharmacal, Inc. Owner

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

Date of Receipt  
MM / DD / YYYY  
05 / 08 / 2006

**Transaction ID:** SA11A1.23868

Amount of Each Receipt this Period  
500.00

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

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

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 30 / 69                 |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
PALLONE FOR CONGRESS

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

Mailing Address 240 East 39th St. #33H

City State Zip Code  
New York NY 10016

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

Name of Employer  
Ogily & Mather

Occupation  
Advertising Exec.

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 17 / 2006

Transaction ID: SA11A1.23778

Amount of Each Receipt this Period  
300.00

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

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

Mailing Address 7 Pheasant Way

City State Zip Code  
Manalapan NJ 07726

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

Name of Employer  
Best Efforts

Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 08 / 2006

Transaction ID: SA11A1.23794

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Vijay Puntambekar

Mailing Address 42 Winterberry Dr.

City State Zip Code  
Middle Island NY 11953

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

Name of Employer  
AIM Pharmacol, Inc.

Occupation  
President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 01 / 2006

Transaction ID: SA11A1.23844

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1550.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 31 / 69                 |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
PALLONE FOR CONGRESS

|                                                                                                                                                 |                                                            |                                                                                                                                                                                                                                                                                                           |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Christopher J.. Quinn<br>Mailing Address 9 Garryford Dr.                                   |                                                            | Date of Receipt<br><table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.24027 | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 |  | 1 | 5 |  | 2 | 0 | 0 | 6 |
| M                                                                                                                                               | M                                                          | /                                                                                                                                                                                                                                                                                                         | D | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 0                                                                                                                                               | 5                                                          |                                                                                                                                                                                                                                                                                                           | 1 | 5 |   | 2 | 0 | 0 | 6 |   |   |   |   |   |  |   |   |  |   |   |   |   |
| City State Zip Code<br>Middletown NJ 07748                                                                                                      | Amount of Each Receipt this Period<br>250.00               | Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>                                                                                                                                                                                                             |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                             | Name of Employer Occupation<br>Omni Eye Services President |                                                                                                                                                                                                                                                                                                           |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>250.00                         |                                                                                                                                                                                                                                                                                                           |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

|                                                                                                                                                 |                                                         |                                                                                                                                                                                                                                                                                                           |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Barry Rhoads<br>Mailing Address 6793 Father John Ct.                                       |                                                         | Date of Receipt<br><table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.24129 | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 |  | 1 | 7 |  | 2 | 0 | 0 | 6 |
| M                                                                                                                                               | M                                                       | /                                                                                                                                                                                                                                                                                                         | D | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 0                                                                                                                                               | 5                                                       |                                                                                                                                                                                                                                                                                                           | 1 | 7 |   | 2 | 0 | 0 | 6 |   |   |   |   |   |  |   |   |  |   |   |   |   |
| City State Zip Code<br>McLean VA 22101                                                                                                          | Amount of Each Receipt this Period<br>500.00            | Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>                                                                                                                                                                                                             |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                             | Name of Employer Occupation<br>Weber Shandwick Lobbyist |                                                                                                                                                                                                                                                                                                           |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1500.00                     |                                                                                                                                                                                                                                                                                                           |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

|                                                                                                                                                 |                                              |                                                                                                                                                                                                                                                                                                           |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>David Rivkin<br>Mailing Address 35 Ward Ave.                                               |                                              | Date of Receipt<br><table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.23796 | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 |  | 0 | 8 |  | 2 | 0 | 0 | 6 |
| M                                                                                                                                               | M                                            | /                                                                                                                                                                                                                                                                                                         | D | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 0                                                                                                                                               | 5                                            |                                                                                                                                                                                                                                                                                                           | 0 | 8 |   | 2 | 0 | 0 | 6 |   |   |   |   |   |  |   |   |  |   |   |   |   |
| City State Zip Code<br>Rumson NJ 07760                                                                                                          | Amount of Each Receipt this Period<br>500.00 | Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>                                                                                                                                                                                                             |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                             | Name of Employer Occupation<br>N/A Retired   |                                                                                                                                                                                                                                                                                                           |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>500.00           |                                                                                                                                                                                                                                                                                                           |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

|                                                                    |         |
|--------------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 1250.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____   |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 32 / 69                 |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
PALLONE FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
William P. Ronner

Mailing Address PO Box 275

City Avon State NJ Zip Code 07717

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

Name of Employer Self Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2006

Transaction ID: SA11A1.23978

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Sharon M. Root

Mailing Address 26 Hilltop Rd.

City Mendham State NJ Zip Code 07945

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

Name of Employer Occupation Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
04 / 28 / 2006

Transaction ID: SA11A1.23815

Amount of Each Receipt this Period  
150.00

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

**C.** Full Name (Last, First, Middle Initial)  
Michelle Roth

Mailing Address 5 Glen Wood Ct.

City Manalapan State NJ Zip Code 07726

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

Name of Employer Roth Investor Relations, Inc. Occupation Consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 08 / 2006

Transaction ID: SA11A1.23798

Amount of Each Receipt this Period  
250.00

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

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 33 / 69                 |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
PALLONE FOR CONGRESS

|                                                                                                                                                                                  |  |                                                                                               |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Brian M. Rubino                                                                                                             |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 5 / 0 1 / 2 0 0 6                               |  |
| Mailing Address 4 Townsend Rd                                                                                                                                                    |  | <b>Transaction ID:</b> SA11A1.23846                                                           |  |
| City State Zip Code<br>Farmington CT 06032                                                                                                                                       |  | Amount of Each Receipt this Period<br>250.00                                                  |  |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                                                              |  | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer Best Efforts<br>Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Occupation<br>Election Cycle-to-Date ▼<br>250.00                                              |  |

|                                                                                                                                                                                  |  |                                                                                               |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------|--|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Elizabeth Rubino                                                                                                            |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 5 / 0 1 / 2 0 0 6                               |  |
| Mailing Address 4 Townsend Rd.                                                                                                                                                   |  | <b>Transaction ID:</b> SA11A1.23848                                                           |  |
| City State Zip Code<br>Farmington CT 06032                                                                                                                                       |  | Amount of Each Receipt this Period<br>500.00                                                  |  |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                                                              |  | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer Best Efforts<br>Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Occupation<br>Election Cycle-to-Date ▼<br>500.00                                              |  |

|                                                                                                                                                                          |  |                                                                                               |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------|--|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Scott Rudolph                                                                                                       |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 5 / 1 0 / 2 0 0 6                               |  |
| Mailing Address 90 Orville Drive                                                                                                                                         |  | <b>Transaction ID:</b> SA11A1.23870                                                           |  |
| City State Zip Code<br>Bohemia NY 11716                                                                                                                                  |  | Amount of Each Receipt this Period<br>2000.00                                                 |  |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                                                      |  | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer NBTY<br>Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Occupation CEO<br>Election Cycle-to-Date ▼<br>2000.00                                         |  |

|                                                                    |         |
|--------------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 2750.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____   |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 34 / 69                 |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
PALLONE FOR CONGRESS

|                                                                                                                                                 |                                    |                                                                                               |                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Reva Salman                                                                                |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>05 / 08 / 2006                                      |                                              |
| Mailing Address 11 Manitoba Way                                                                                                                 |                                    | Transaction ID: SA11A1.23800                                                                  |                                              |
| City Marlboro                                                                                                                                   | State NJ                           | Zip Code 07746                                                                                | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                             |                                    | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |                                              |
| Name of Employer N/A                                                                                                                            | Occupation Retired                 |                                                                                               |                                              |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>450.00 |                                                                                               |                                              |

|                                                                                                                                                 |                                     |                                                                                               |                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> H. R. Shah                                                                                 |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>05 / 17 / 2006                                      |                                               |
| Mailing Address 12 Avalon Dr.                                                                                                                   |                                     | Transaction ID: SA11A1.24136                                                                  |                                               |
| City Colonia                                                                                                                                    | State NJ                            | Zip Code 07076                                                                                | Amount of Each Receipt this Period<br>1000.00 |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                             |                                     | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |                                               |
| Name of Employer Nat'l Food Stores                                                                                                              | Occupation President/CEO            |                                                                                               |                                               |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1000.00 |                                                                                               |                                               |

|                                                                                                                                                 |                                    |                                                                                               |                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Rajul Shah                                                                                 |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>05 / 17 / 2006                                      |                                              |
| Mailing Address 124 Childs Rd.                                                                                                                  |                                    | Transaction ID: SA11A1.24138                                                                  |                                              |
| City Basking Ridge                                                                                                                              | State NJ                           | Zip Code 07920                                                                                | Amount of Each Receipt this Period<br>400.00 |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                             |                                    | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |                                              |
| Name of Employer First Growth Group                                                                                                             | Occupation Financial Advisor       |                                                                                               |                                              |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>500.00 |                                                                                               |                                              |

|                                                                    |         |
|--------------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 1650.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____   |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 35 / 69                 |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
PALLONE FOR CONGRESS

|                                                                                                                                                 |                                               |                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Jonathan G. Shavel                                                                         |                                               | Date of Receipt<br>MM / DD / YYYY<br>05 / 08 / 2006                                           |
| Mailing Address 13 Roszel Road                                                                                                                  |                                               | Transaction ID: SA11A1.23801                                                                  |
| City<br>Princeton                                                                                                                               | State<br>NJ                                   | Zip Code<br>08540                                                                             |
| FEC ID number of contributing federal political committee.<br>C                                                                                 | Amount of Each Receipt this Period<br>1000.00 |                                                                                               |
| Name of Employer<br>Shavel Home Products                                                                                                        | Occupation<br>Owner                           | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1000.00           |                                                                                               |

|                                                                                                                                                 |                                              |                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Suzanne Shelton                                                                            |                                              | Date of Receipt<br>MM / DD / YYYY<br>05 / 01 / 2006                                           |
| Mailing Address 7939 Kenton Ave.                                                                                                                |                                              | Transaction ID: SA11A1.23853                                                                  |
| City<br>Skokie                                                                                                                                  | State<br>IL                                  | Zip Code<br>60076                                                                             |
| FEC ID number of contributing federal political committee.<br>C                                                                                 | Amount of Each Receipt this Period<br>500.00 |                                                                                               |
| Name of Employer<br>Best Efforts                                                                                                                | Occupation                                   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>500.00           |                                                                                               |

|                                                                                                                                                 |                                               |                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Allen Skolnick                                                                             |                                               | Date of Receipt<br>MM / DD / YYYY<br>05 / 01 / 2006                                           |
| Mailing Address 68 Cambridge Court                                                                                                              |                                               | Transaction ID: SA11A1.23855                                                                  |
| City<br>East Rockaway                                                                                                                           | State<br>NY                                   | Zip Code<br>11518                                                                             |
| FEC ID number of contributing federal political committee.<br>C                                                                                 | Amount of Each Receipt this Period<br>1000.00 |                                                                                               |
| Name of Employer<br>Best Efforts                                                                                                                | Occupation                                    | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1000.00           |                                                                                               |

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 36 / 69                 |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        | <input type="checkbox"/> 15             |                              |

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NAME OF COMMITTEE (In Full)  
PALLONE FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Jay S. Solomon

Mailing Address 2 Cardinal Court

City State Zip Code  
Marlboro NJ 07746

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

Name of Employer Occupation  
Cebtra State Medical Center VP Senior Services

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

250.00

Date of Receipt  
MM / DD / YYYY  
05 / 11 / 2006

Transaction ID: SA11A1.23941

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Robert N. St. Lifer

Mailing Address 17 Carriage Hill Dr.

City State Zip Code  
Colts Neck NJ 07722

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

Name of Employer Occupation  
Best Efforts

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

250.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2006

Transaction ID: SA11A1.23979

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Alexander Szynalski

Mailing Address 2 Millpond Ct.

City State Zip Code  
Randolph NJ 07869

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

Name of Employer Occupation  
Best Efforts

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

1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 17 / 2006

Transaction ID: SA11A1.24139

Amount of Each Receipt this Period  
1000.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 37 / 69                 |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
PALLONE FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Sheryl L. Tarrab

Mailing Address 19 Wilshire Way

City State Zip Code  
Holmdel NJ 07733

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

Name of Employer Best Efforts Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 08 / 2006

Transaction ID: SA11A1.23803

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Ralph D. Tawil

Mailing Address 265 Hwy 36

City State Zip Code  
W. Long Branch NJ 07764

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

Name of Employer Self Occupation  
Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 17 / 2006

Transaction ID: SA11A1.24029

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Laurence M. Traub

Mailing Address 1 Revmont Dr.

City State Zip Code  
Shrewsbury NJ 07702

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

Name of Employer Best Efforts Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 15 / 2006

Transaction ID: SA11A1.24007

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

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

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

|                                                                        |                              |                              |
|------------------------------------------------------------------------|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 38 / 69                 |
|                                                                        | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12                                            | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b |
| <input type="checkbox"/> 14                                            | <input type="checkbox"/> 15  |                              |

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NAME OF COMMITTEE (In Full)  
**PALLONE FOR CONGRESS**

|                                                                                                                                                 |                                    |                                                                                               |                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Susan Trimbo</b>                                                                               |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 0 1 / 2 0 0 6                                 |                                              |
| Mailing Address <b>23 Royal Palm Way #5</b>                                                                                                     |                                    | <b>Transaction ID: SA11A1.23857</b>                                                           |                                              |
| City<br><b>Boca Raton</b>                                                                                                                       | State<br><b>FL</b>                 | Zip Code<br><b>33432</b>                                                                      | Amount of Each Receipt this Period<br>500.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>                                                                          |                                    | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |                                              |
| Name of Employer<br><b>GNC</b>                                                                                                                  | Occupation<br><b>Scientist</b>     |                                                                                               |                                              |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>500.00 |                                                                                               |                                              |

|                                                                                                                                                 |                                    |                                                                                               |                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Charles J. Uliano</b>                                                                          |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 1 5 / 2 0 0 6                                 |                                              |
| Mailing Address <b>5 Marc Rd.</b>                                                                                                               |                                    | <b>Transaction ID: SA11A1.23987</b>                                                           |                                              |
| City<br><b>W. Long Branch</b>                                                                                                                   | State<br><b>NJ</b>                 | Zip Code<br><b>07764</b>                                                                      | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>                                                                          |                                    | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |                                              |
| Name of Employer<br><b>Chamlin Rosen Uliano Withering</b>                                                                                       | Occupation<br><b>Attorney</b>      |                                                                                               |                                              |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>500.00 |                                                                                               |                                              |

|                                                                                                                                                 |                                    |                                                                                               |                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Marc Ullman</b>                                                                                |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 0 1 / 2 0 0 6                                 |                                              |
| Mailing Address <b>54-44 Little Neck Pkwy.</b>                                                                                                  |                                    | <b>Transaction ID: SA11A1.23859</b>                                                           |                                              |
| City<br><b>Little Neck</b>                                                                                                                      | State<br><b>NY</b>                 | Zip Code<br><b>11362</b>                                                                      | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>                                                                          |                                    | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |                                              |
| Name of Employer<br><b>Ullman, Shapiro &amp; Ullman</b>                                                                                         | Occupation<br><b>Attorney</b>      |                                                                                               |                                              |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>250.00 |                                                                                               |                                              |

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

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 39 / 69                 |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
PALLONE FOR CONGRESS

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

Mailing Address 299 Broadway #1700

City State Zip Code  
New York NY 10007

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

Name of Employer Occupation  
Ullman Shapiro & Ullman Attorney

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

250.00

Date of Receipt  
MM / DD / YYYY  
05 / 01 / 2006

Transaction ID: SA11A1.23860

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Phillip L. Vigeant

Mailing Address 16 Brookside Ave.

City State Zip Code  
Basking Ridge NJ 07920

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

Name of Employer Occupation  
Best Efforts

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

500.00

Date of Receipt  
MM / DD / YYYY  
05 / 01 / 2006

Transaction ID: SA11A1.23943

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Robert J. Warkala DPM

Mailing Address 445 Hurffville-Cross Keys Rd. #86

City State Zip Code  
Sewell NJ 08080

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

Name of Employer Occupation  
Podiatrist

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

275.00

Date of Receipt  
MM / DD / YYYY  
05 / 12 / 2006

Transaction ID: SA11A1.23953

Amount of Each Receipt this Period  
150.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **900.00**

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

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 40 / 69                 |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
PALLONE FOR CONGRESS

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

Mailing Address 52 Pitt Rd.

City State Zip Code  
Springfield NJ 07081

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

Name of Employer Self Occupation  
Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
05 / 08 / 2006

Transaction ID: SA11A1.23816

Amount of Each Receipt this Period  
150.00

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

**B.** Full Name (Last, First, Middle Initial)  
Lewis Wetshein

Mailing Address 143 South St.

City State Zip Code  
Freehold NJ 07728

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

Name of Employer Self Occupation  
Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
05 / 10 / 2006

Transaction ID: SA11A1.23945

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Alan C. Winters

Mailing Address 1028 Elberon Ave.

City State Zip Code  
Elberon NJ 07740

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

Name of Employer Rosenfarb Winters, LLC Occupation  
Partner/CPA

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
05 / 10 / 2006

Transaction ID: SA11A1.23947

Amount of Each Receipt this Period  
250.00

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

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



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

|                                                                              |                              |                              |                              |                             |
|------------------------------------------------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             |                              | PAGE 41 / 69                 |                             |
|                                                                              | (check only one)             |                              |                              |                             |
| <input checked="" type="checkbox"/> 11a                                      | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |                             |
| <input type="checkbox"/> 12                                                  | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14  | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)  
PALLONE FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Suzanne Offen Wolfe

Mailing Address 114 New Providence Rd.

City State Zip Code  
Mountainside NJ 07092

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

Name of Employer Occupation  
Offen Eye Assoc. Physician/Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | / | 1 | 1 | / | 2 | 0 | 0 | 6 |

Transaction ID: SA11A1.23948

Amount of Each Receipt this Period  
250.00

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

|                                                                  |   |          |
|------------------------------------------------------------------|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 250.00   |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 46750.00 |

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER:                        | PAGE 42 / 69                 |
|                                                                        | (check only one)                        |                              |
| <input type="checkbox"/> 11a                                           | <input checked="" type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12                                            | <input type="checkbox"/> 13a            | <input type="checkbox"/> 13b |
|                                                                        |                                         | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
PALLONE FOR CONGRESS

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

Mailing Address 430 South Capitol St. SE

City Washington State DC Zip Code 20003

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
120.15

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 3 | 0 |   | 2 | 0 | 0 | 6 |

Transaction ID: SA11B.24111

Amount of Each Receipt this Period  
7.89

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

**B.** Full Name (Last, First, Middle Initial)  
Friends of Mayor Jim Cahill

Mailing Address PO Box 1208

City New Brunswick State NJ Zip Code 08903

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 |   | 1 | 5 |   | 2 | 0 | 0 | 6 |

Transaction ID: SA11B.24109

Amount of Each Receipt this Period  
1000.00

Hard money in account to cover this  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

|                                                                  |   |         |
|------------------------------------------------------------------|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1007.89 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 1007.89 |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                                                                                                                               |              |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                                                                                             | PAGE 43 / 69 |
|                                                                        | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d                |              |
|                                                                        | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
PALLONE FOR CONGRESS

|                                                                                                                                                 |                                     |                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. ALLTEL Corp. PAC</b>                                                                           |                                     | Date of Receipt<br>MM / DD / YYYY<br>05 / 17 / 2006                                           |
| Mailing Address One Allied Dr.                                                                                                                  |                                     | <b>Transaction ID: SA11C.24115</b>                                                            |
| City<br>Little Rock                                                                                                                             | State<br>AR                         | Zip Code<br>72202                                                                             |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |                                     | Amount of Each Receipt this Period<br>1000.00                                                 |
| Name of Employer                                                                                                                                | Occupation                          | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1000.00 |                                                                                               |

|                                                                                                                                                 |                                     |                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Amer Dental PAC</b>                                                                            |                                     | Date of Receipt<br>MM / DD / YYYY<br>04 / 03 / 2006                                           |
| Mailing Address 1111 14th St. NW                                                                                                                |                                     | <b>Transaction ID: SA11C.23732</b>                                                            |
| City<br>Washington                                                                                                                              | State<br>DC                         | Zip Code<br>20005                                                                             |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |                                     | Amount of Each Receipt this Period<br>3000.00                                                 |
| Name of Employer                                                                                                                                | Occupation                          | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>4000.00 |                                                                                               |

|                                                                                                                                                 |                                     |                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Amer Optometric PAC</b>                                                                        |                                     | Date of Receipt<br>MM / DD / YYYY<br>04 / 28 / 2006                                           |
| Mailing Address 1505 Prince St.                                                                                                                 |                                     | <b>Transaction ID: SA11C.23734</b>                                                            |
| City<br>Alexandria                                                                                                                              | State<br>VA                         | Zip Code<br>22314                                                                             |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |                                     | Amount of Each Receipt this Period<br>1500.00                                                 |
| Name of Employer                                                                                                                                | Occupation                          | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>5000.00 |                                                                                               |

|                                                                  |         |
|------------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 5500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |

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

|                                                                              |                              |                                         |
|------------------------------------------------------------------------------|------------------------------|-----------------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 44 / 69                            |
|                                                                              | (check only one)             |                                         |
| <input type="checkbox"/> 11a                                                 | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12                                                  | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b            |
|                                                                              | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             |

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NAME OF COMMITTEE (In Full)  
**PALLONE FOR CONGRESS**

|                                                                                                                                                 |                                              |                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Amer Optometric PAC</b>                                                                        |                                              | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 2 8 / 2 0 0 6                                 |
| Mailing Address 1505 Prince St.                                                                                                                 |                                              | Transaction ID: SA11C.23735                                                                   |
| City State Zip Code<br>Alexandria VA 22314                                                                                                      | Amount of Each Receipt this Period<br>500.00 |                                                                                               |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                             |                                              | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer                                                                                                                                | Occupation                                   |                                                                                               |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>5500.00          |                                                                                               |

|                                                                                                                                                 |                                               |                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. AT&amp;T Federal PAC</b>                                                                       |                                               | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 1 7 / 2 0 0 6                                 |
| Mailing Address 175 E. Houston, RM 7-I-50                                                                                                       |                                               | Transaction ID: SA11C.24117                                                                   |
| City State Zip Code<br>San Antonio TX 78205                                                                                                     | Amount of Each Receipt this Period<br>1000.00 |                                                                                               |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                             |                                               | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer                                                                                                                                | Occupation                                    |                                                                                               |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1000.00           |                                                                                               |

|                                                                                                                                                 |                                               |                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Bell South Federal PAC</b>                                                                     |                                               | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 1 7 / 2 0 0 6                                 |
| Mailing Address 1155 W. Peachtree St. NE #1928                                                                                                  |                                               | Transaction ID: SA11C.24130                                                                   |
| City State Zip Code<br>Atlanta GA 30367                                                                                                         | Amount of Each Receipt this Period<br>1000.00 |                                                                                               |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                             |                                               | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer                                                                                                                                | Occupation                                    |                                                                                               |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>2000.00           |                                                                                               |

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

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

|                                                                        |                                                                                                                                               |              |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                                                                                             | PAGE 45 / 69 |
|                                                                        | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d                |              |
|                                                                        | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
**PALLONE FOR CONGRESS**

|                                                                                                                                                                                                                                                     |                                                   |                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Clear Channel Communications, Inc. PAC<br>Mailing Address 200 E. Basse Road<br>City San Antonio State TX Zip Code 78209<br>FEC ID number of contributing federal political committee. <b>C</b> |                                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br>05 / 17 / 2006<br><b>Transaction ID: SA11C.24131</b><br>Amount of Each Receipt this Period<br>1000.00 |
| Name of Employer<br>Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                                                                 | Occupation<br>Election Cycle-to-Date ▼<br>1000.00 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)                                                   |

|                                                                                                                                                                                                                                                    |                                                   |                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Council for Responsible Nutrition PAC<br>Mailing Address 1828 L St. NW #900<br>City Washington State DC Zip Code 20036<br>FEC ID number of contributing federal political committee. <b>C</b> |                                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br>05 / 11 / 2006<br><b>Transaction ID: SA11C.23982</b><br>Amount of Each Receipt this Period<br>500.00 |
| Name of Employer<br>Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                                                                | Occupation<br>Election Cycle-to-Date ▼<br>1000.00 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)                                                  |

|                                                                                                                                                                                                                          |                                                   |                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>CTIA PAC<br>Mailing Address 1400 16th St. NW #600<br>City Washington State DC Zip Code 20036<br>FEC ID number of contributing federal political committee. <b>C</b> |                                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br>05 / 17 / 2006<br><b>Transaction ID: SA11C.24119</b><br>Amount of Each Receipt this Period<br>1000.00 |
| Name of Employer<br>Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                                      | Occupation<br>Election Cycle-to-Date ▼<br>1000.00 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)                                                   |

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                                                                                                                               |              |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                                                                                             | PAGE 46 / 69 |
|                                                                        | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d                |              |
|                                                                        | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
PALLONE FOR CONGRESS

|                                                                                                                                                 |  |                                                                                               |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>ENT PAC                                                                                    |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 1 7 / 2 0 0 6                                 |  |
| Mailing Address One Prince St.                                                                                                                  |  | <b>Transaction ID:</b> SA11C.24121                                                            |  |
| City State Zip Code<br>Alexandria VA 22314                                                                                                      |  | Amount of Each Receipt this Period<br>1000.00                                                 |  |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                             |  | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer Occupation                                                                                                                     |  |                                                                                               |  |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Election Cycle-to-Date ▼<br>5000.00                                                           |  |

|                                                                                                                                                 |  |                                                                                               |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------|--|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Herbalife Int'l PAC                                                                        |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 1 1 / 2 0 0 6                                 |  |
| Mailing Address 1800 Century Park East                                                                                                          |  | <b>Transaction ID:</b> SA11C.23983                                                            |  |
| City State Zip Code<br>Los Angeles CA 90067                                                                                                     |  | Amount of Each Receipt this Period<br>1000.00                                                 |  |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                             |  | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer Occupation                                                                                                                     |  |                                                                                               |  |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Election Cycle-to-Date ▼<br>1000.00                                                           |  |

|                                                                                                                                                 |  |                                                                                               |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------|--|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Laborers' Political League                                                                 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 0 8 / 2 0 0 6                                 |  |
| Mailing Address 905 16th St. NW                                                                                                                 |  | <b>Transaction ID:</b> SA11C.23747                                                            |  |
| City State Zip Code<br>Washignton DC 20006                                                                                                      |  | Amount of Each Receipt this Period<br>2500.00                                                 |  |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                             |  | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer Occupation                                                                                                                     |  |                                                                                               |  |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Election Cycle-to-Date ▼<br>5000.00                                                           |  |

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

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

|                                                                        |                                                                                                                                                                                                                                                                                 |              |
|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                                                                                                                                                                                                                               | PAGE 47 / 69 |
|                                                                        | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d<br><input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
**PALLONE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
National Action Cmte. PAC

Mailing Address **3389 Sheridan St. #424**

City **Hollywood** State **FL** Zip Code **33021**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 17 / 2006**

**Transaction ID: SA11C.23737**

Amount of Each Receipt this Period  
**1000.00**

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

**B.** Full Name (Last, First, Middle Initial)  
National PAC Fed. Acct.

Mailing Address **PO Box 15316**

City **Washington** State **DC** Zip Code **20003**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 17 / 2006**

**Transaction ID: SA11C.23736**

Amount of Each Receipt this Period  
**1000.00**

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

**C.** Full Name (Last, First, Middle Initial)  
Nat'l Nutritional Foods Assn. PAC

Mailing Address **3931 MacArthur Blvd. #101**

City **Newport Beach** State **CA** Zip Code **92660**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 01 / 2006**

**Transaction ID: SA11C.23745**

Amount of Each Receipt this Period  
**1000.00**

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

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

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

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

FOR LINE NUMBER: PAGE 48 / 69  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
PALLONE FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
NEA Fund for Children & Public Education

Mailing Address 1201 16th St. NW

City State Zip Code  
Washington DC 20036

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 16 / 2006

**Transaction ID:** SA11C.24114

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
NOR PAC

Mailing Address PO Box 5595

City State Zip Code  
Englewood NJ 07631

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
6000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 08 / 2006

**Transaction ID:** SA11C.23738

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Oral & Maxillofacial Surgery PAC

Mailing Address 9700 W. Bryn Mawr Ave.

City State Zip Code  
Rosemont IL 60018

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 12 / 2006

**Transaction ID:** SA11C.23748

Amount of Each Receipt this Period  
2500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4500.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                                                                                                                               |              |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                                                                                             | PAGE 49 / 69 |
|                                                                        | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d                |              |
|                                                                        | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
PALLONE FOR CONGRESS

|                                                                                                                                                                                                                                                                      |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|--------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Pharmavite PAV<br>Mailing Address PO Box 9606<br>City Mission Hills State CA Zip Code 91346<br>FEC ID number of contributing federal political committee. <b>C</b>                                              |   | Date of Receipt<br><table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11C.23984<br>Amount of Each Receipt this Period<br><table border="1"> <tr> <td>500.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 |  | 1 | 5 |  | 2 | 0 | 0 | 6 | 500.00 |
| M                                                                                                                                                                                                                                                                    | M | /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | D | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |   |        |
| 0                                                                                                                                                                                                                                                                    | 5 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1 | 5 |   | 2 | 0 | 0 | 6 |   |   |   |   |   |  |   |   |  |   |   |   |   |        |
| 500.00                                                                                                                                                                                                                                                               |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |        |
| Name of Employer Occupation<br>Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Election Cycle-to-Date ▼<br><table border="1"> <tr> <td>500.00</td> </tr> </table> |   | 500.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |        |
| 500.00                                                                                                                                                                                                                                                               |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |        |

|                                                                                                                                                                                                                                                                       |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|---------|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Public Service Enterprice PAC<br>Mailing Address 80 Park Plaza<br>City Newark State NJ Zip Code 07102<br>FEC ID number of contributing federal political committee. <b>C</b>                                     |   | Date of Receipt<br><table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11C.24122<br>Amount of Each Receipt this Period<br><table border="1"> <tr> <td>1000.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 |  | 1 | 7 |  | 2 | 0 | 0 | 6 | 1000.00 |
| M                                                                                                                                                                                                                                                                     | M | /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | D | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 0                                                                                                                                                                                                                                                                     | 5 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1 | 7 |   | 2 | 0 | 0 | 6 |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 1000.00                                                                                                                                                                                                                                                               |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| Name of Employer Occupation<br>Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Election Cycle-to-Date ▼<br><table border="1"> <tr> <td>6000.00</td> </tr> </table> |   | 6000.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 6000.00                                                                                                                                                                                                                                                               |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |

|                                                                                                                                                                                                                                                                       |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|---------|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Telecom Assn. PAC<br>Mailing Address 607 14th St. NW<br>City Washington State DC Zip Code 20005<br>FEC ID number of contributing federal political committee. <b>C</b>                                           |   | Date of Receipt<br><table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11C.24123<br>Amount of Each Receipt this Period<br><table border="1"> <tr> <td>1000.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 |  | 1 | 7 |  | 2 | 0 | 0 | 6 | 1000.00 |
| M                                                                                                                                                                                                                                                                     | M | /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | D | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 0                                                                                                                                                                                                                                                                     | 5 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1 | 7 |   | 2 | 0 | 0 | 6 |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 1000.00                                                                                                                                                                                                                                                               |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| Name of Employer Occupation<br>Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Election Cycle-to-Date ▼<br><table border="1"> <tr> <td>1000.00</td> </tr> </table> |   | 1000.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 1000.00                                                                                                                                                                                                                                                               |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |

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

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

|                                                                              |                                                                  |                                        |
|------------------------------------------------------------------------------|------------------------------------------------------------------|----------------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: <span style="float: right;">PAGE 50 / 69</span> |                                        |
|                                                                              | (check only one)                                                 |                                        |
| <input type="checkbox"/> 11a                                                 | <input type="checkbox"/> 11b                                     | <input type="checkbox"/> 11c           |
| <input type="checkbox"/> 11d                                                 | <input type="checkbox"/> 12                                      | <input type="checkbox"/> 13a           |
| <input type="checkbox"/> 13b                                                 | <input type="checkbox"/> 14                                      | <input checked="" type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)  
PALLONE FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Bank of America

Mailing Address 577 Broadway

City State Zip Code  
Long Branch NJ 07740

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
26177.61

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | / | 2 | 8 | / | 2 | 0 | 0 | 6 |

Transaction ID: SA15.24126

Amount of Each Receipt this Period  
2427.88

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

|                                                                  |                |
|------------------------------------------------------------------|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>2427.88</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <b>2427.88</b> |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
PALLONE FOR CONGRESS

|                                                                                                                                      |                                                                                                                                                      |                                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. American Express</b>                                                                |                                                                                                                                                      | <b>Transaction ID:</b> SB17.23930<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 0 4 / 2 0 0 6                                                |
| Mailing Address PO Box 1270                                                                                                          |                                                                                                                                                      | Amount of Each Disbursement this Period<br>5.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Newark State NJ Zip Code 07101                                                                                                  |                                                                                                                                                      |                                                                                                                                                        |
| Purpose of Disbursement<br>Collection Card Fee                                                                                       | Category/<br>Type                                                                                                                                    |                                                                                                                                                        |
| Candidate Name                                                                                                                       |                                                                                                                                                      |                                                                                                                                                        |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                                                                        |

|                                                                                                                                      |                                                                                                                                                      |                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. American Express</b>                                                                |                                                                                                                                                      | <b>Transaction ID:</b> SB17.23905<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 2 6 / 2 0 0 6                                                   |
| Mailing Address PO Box 1270                                                                                                          |                                                                                                                                                      | Amount of Each Disbursement this Period<br>7666.04<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Newark State NJ Zip Code 07101                                                                                                  |                                                                                                                                                      |                                                                                                                                                           |
| Purpose of Disbursement<br>see next 14 items                                                                                         | Category/<br>Type                                                                                                                                    |                                                                                                                                                           |
| Candidate Name                                                                                                                       |                                                                                                                                                      |                                                                                                                                                           |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                                                                           |

|                                                                                                                                      |                                                                                                                                                      |                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Phoenix Park Hotels</b>                                                             |                                                                                                                                                      | <b>Transaction ID:</b> SB17.23905.0<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 5 / 2 0 0 6                                                 |
| Mailing Address 520 No. Capitol St. NW                                                                                               |                                                                                                                                                      | Amount of Each Disbursement this Period<br>4616.86<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Washington State DC Zip Code 20001                                                                                              |                                                                                                                                                      |                                                                                                                                                           |
| Purpose of Disbursement<br>Fundraiser Exp. food,bev,rental,etc                                                                       | Category/<br>Type                                                                                                                                    |                                                                                                                                                           |
| Candidate Name                                                                                                                       |                                                                                                                                                      |                                                                                                                                                           |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                                                                           |

[MEMO ITEM]

|                                                                    |         |
|--------------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 7671.04 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....   |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
PALLONE FOR CONGRESS

|                                                                                                                                      |                                                                                                                                                      |                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. US Postal Service</b>                                                               |                                                                                                                                                      | <b>Transaction ID:</b> SB17.23905.2<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 0 3 / 2 0 0 6 |
| Mailing Address 60 Third Ave.<br>Business Mail Entry Unit                                                                            |                                                                                                                                                      | Amount of Each Disbursement this Period<br>0.87                                                                  |
| City Long Branc State NJ Zip Code 07740                                                                                              | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                                                  |                                                                                                                  |
| Purpose of Disbursement Postage<br>Candidate Name                                                                                    | Category/Type                                                                                                                                        | <b>[MEMO ITEM]</b>                                                                                               |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                                  |

|                                                                                                                                      |                                                                                                                                                      |                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. US Postal Service</b>                                                               |                                                                                                                                                      | <b>Transaction ID:</b> SB17.23905.3<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 2 3 / 2 0 0 6 |
| Mailing Address 60 Third Ave.<br>Business Mail Entry Unit                                                                            |                                                                                                                                                      | Amount of Each Disbursement this Period<br>15.16                                                                 |
| City Long Branc State NJ Zip Code 07740                                                                                              | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                                                  |                                                                                                                  |
| Purpose of Disbursement Stamps & Postage<br>Candidate Name                                                                           | Category/Type                                                                                                                                        | <b>[MEMO ITEM]</b>                                                                                               |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                                  |

|                                                                                                                                      |                                                                                                                                                      |                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. US Postal Service</b>                                                               |                                                                                                                                                      | <b>Transaction ID:</b> SB17.23905.4<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 2 7 / 2 0 0 6 |
| Mailing Address 60 Third Ave.<br>Business Mail Entry Unit                                                                            |                                                                                                                                                      | Amount of Each Disbursement this Period<br>0.63                                                                  |
| City Long Branc State NJ Zip Code 07740                                                                                              | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                                                  |                                                                                                                  |
| Purpose of Disbursement Postage<br>Candidate Name                                                                                    | Category/Type                                                                                                                                        | <b>[MEMO ITEM]</b>                                                                                               |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                                  |

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
PALLONE FOR CONGRESS

|                                                                                                                                            |                                                                                                                                                      |                                                                        |                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Amtrak</b>                                                                                |                                                                                                                                                      | Transaction ID: SB17.23905.5<br>Date of Disbursement<br>03 / 01 / 2006 |                                                                                                                           |
| Mailing Address Union Station                                                                                                              |                                                                                                                                                      | Amount of Each Disbursement this Period<br>152.00                      |                                                                                                                           |
| City Washington<br>State DC<br>Zip Code 20002                                                                                              | Purpose of Disbursement<br>Train Tickets                                                                                                             | Category/<br>Type                                                      | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b> |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                        |                                                                                                                           |

|                                                                                                                                            |                                                                                                                                                      |                                                                        |                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Wyndham Hotels</b>                                                                        |                                                                                                                                                      | Transaction ID: SB17.23905.7<br>Date of Disbursement<br>03 / 03 / 2006 |                                                                                                                           |
| Mailing Address 1400 M St. NW                                                                                                              |                                                                                                                                                      | Amount of Each Disbursement this Period<br>2683.82                     |                                                                                                                           |
| City Washignton<br>State DC<br>Zip Code 20005                                                                                              | Purpose of Disbursement<br>Food & Bev. for Fundraiser                                                                                                | Category/<br>Type                                                      | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b> |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                        |                                                                                                                           |

|                                                                                                                                            |                                                                                                                                                      |                                                                        |                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Staples</b>                                                                               |                                                                                                                                                      | Transaction ID: SB17.23905.9<br>Date of Disbursement<br>03 / 07 / 2006 |                                                                                                                           |
| Mailing Address 310 Hwy 36                                                                                                                 |                                                                                                                                                      | Amount of Each Disbursement this Period<br>73.43                       |                                                                                                                           |
| City W. Long Branch<br>State NJ<br>Zip Code 07764                                                                                          | Purpose of Disbursement<br>Supplies                                                                                                                  | Category/<br>Type                                                      | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b> |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                        |                                                                                                                           |

|                                                                    |      |
|--------------------------------------------------------------------|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]  |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
PALLONE FOR CONGRESS

|                                                                                                                                      |                                                                                                                                                      |                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Asbury Park Press</b>                                                               |                                                                                                                                                      | <b>Transaction ID:</b> SB17.23883<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 0 3 / 2 0 0 6 |
| Mailing Address PO Box 5151                                                                                                          |                                                                                                                                                      | Amount of Each Disbursement this Period<br>53.00                                                        |
| City Buffalo State NY Zip Code 14240                                                                                                 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                                                  |                                                                                                         |
| Purpose of Disbursement<br>Subscription Re-newal<br>Candidate Name                                                                   | Category/<br>Type                                                                                                                                    |                                                                                                         |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                         |

|                                                                                                                                      |                                                                                                                                                      |                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Asbury Park Press</b>                                                               |                                                                                                                                                      | <b>Transaction ID:</b> SB17.23926<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 2 7 / 2 0 0 6 |
| Mailing Address PO Box 5151                                                                                                          |                                                                                                                                                      | Amount of Each Disbursement this Period<br>53.00                                                        |
| City Buffalo State NY Zip Code 14240                                                                                                 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                                                  |                                                                                                         |
| Purpose of Disbursement<br>Subscription Re-newal<br>Candidate Name                                                                   | Category/<br>Type                                                                                                                                    |                                                                                                         |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                         |

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|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Bank of America</b>                                                                 |                                                                                                                                                      | <b>Transaction ID:</b> SB17.23928<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 0 3 / 2 0 0 6 |
| Mailing Address 577 Broadway                                                                                                         |                                                                                                                                                      | Amount of Each Disbursement this Period<br>32.50                                                        |
| City Long Branch State NJ Zip Code 07740                                                                                             | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                                                  |                                                                                                         |
| Purpose of Disbursement<br>Merchants Fee<br>Candidate Name                                                                           | Category/<br>Type                                                                                                                                    |                                                                                                         |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                         |

|                                                                    |        |
|--------------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 138.50 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____  |

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
PALLONE FOR CONGRESS

|                                                                                                                                      |                                                                                                                                                      |                                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Bank of America</b>                                                                 |                                                                                                                                                      | <b>Transaction ID:</b> SB17.23929<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 4 / 0 7 / 2 0 0 6                                         |
| Mailing Address 577 Broadway                                                                                                         |                                                                                                                                                      | Amount of Each Disbursement this Period<br>5.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Long Branch State NJ Zip Code 07740                                                                                             | Purpose of Disbursement Bounced Check Charge<br>Candidate Name<br>Category/Type                                                                      |                                                                                                                                                        |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                                                                        |

|                                                                                                                                      |                                                                                                                                                      |                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Bank of America</b>                                                                 |                                                                                                                                                      | <b>Transaction ID:</b> SB17.23889<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 4 / 1 3 / 2 0 0 6                                            |
| Mailing Address 577 Broadway                                                                                                         |                                                                                                                                                      | Amount of Each Disbursement this Period<br>1308.28<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Long Branch State NJ Zip Code 07740                                                                                             | Purpose of Disbursement Federal Tax Deposit #941<br>Candidate Name<br>Category/Type                                                                  |                                                                                                                                                           |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                                                                           |

|                                                                                                                                      |                                                                                                                                                      |                                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Bank of America</b>                                                                 |                                                                                                                                                      | <b>Transaction ID:</b> SB17.23890<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 4 / 1 3 / 2 0 0 6                                          |
| Mailing Address 577 Broadway                                                                                                         |                                                                                                                                                      | Amount of Each Disbursement this Period<br>98.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Long Branch State NJ Zip Code 07740                                                                                             | Purpose of Disbursement Federal Tax Deposit #940<br>Candidate Name<br>Category/Type                                                                  |                                                                                                                                                         |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                                                                         |

|                                                                    |             |
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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1411.28     |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
PALLONE FOR CONGRESS

|                                                                                                                                      |                                                                                                                                                      |                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Bank of America</b>                                                                 |                                                                                                                                                      | <b>Transaction ID:</b> SB17.24105<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 1 5 / 2 0 0 6                                                   |
| Mailing Address 577 Broadway                                                                                                         |                                                                                                                                                      | Amount of Each Disbursement this Period<br>2059.40<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Long Branch                                                                                                                     | State NJ                                                                                                                                             |                                                                                                                                                           |
| Zip Code 07740                                                                                                                       | Category/Type                                                                                                                                        |                                                                                                                                                           |
| Purpose of Disbursement Federal Tax Deposit 941 April<br>Candidate Name                                                              |                                                                                                                                                      |                                                                                                                                                           |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                                                                           |

|                                                                                                                                      |                                                                                                                                                      |                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Michael Beson</b>                                                                   |                                                                                                                                                      | <b>Transaction ID:</b> SB17.23900<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 1 8 / 2 0 0 6                                                   |
| Mailing Address 20 The Fellsway                                                                                                      |                                                                                                                                                      | Amount of Each Disbursement this Period<br>3625.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Ocean                                                                                                                           | State NJ                                                                                                                                             |                                                                                                                                                           |
| Zip Code 07712                                                                                                                       | Category/Type                                                                                                                                        |                                                                                                                                                           |
| Purpose of Disbursement Consulting Fee<br>Candidate Name                                                                             |                                                                                                                                                      |                                                                                                                                                           |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                                                                           |

|                                                                                                                                      |                                                                                                                                                      |                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Cash</b>                                                                            |                                                                                                                                                      | <b>Transaction ID:</b> SB17.23887<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 1 3 / 2 0 0 6                                                  |
| Mailing Address 495 Broadway                                                                                                         |                                                                                                                                                      | Amount of Each Disbursement this Period<br>200.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Long Branch                                                                                                                     | State NJ                                                                                                                                             |                                                                                                                                                          |
| Zip Code 07740                                                                                                                       | Category/Type                                                                                                                                        |                                                                                                                                                          |
| Purpose of Disbursement Replenish Petty Cash<br>Candidate Name                                                                       |                                                                                                                                                      |                                                                                                                                                          |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                                                                          |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 5884.40 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____   |



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
PALLONE FOR CONGRESS

|                                                                                                                                            |                                                                                                                                                      |                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Chira, LLC</b>                                                                            |                                                                                                                                                      | Transaction ID: SB17.23885<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 0 3 / 2 0 0 6    |
| Mailing Address 610 Joline Ave.                                                                                                            |                                                                                                                                                      | Amount of Each Disbursement this Period<br>175.00                                                   |
| City Long Branch<br>State NJ<br>Zip Code 07740                                                                                             | Purpose of Disbursement<br>Storage Unit Lease<br>Candidate Name<br>Category/Type                                                                     |                                                                                                     |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

|                                                                                                                                            |                                                                                                                                                      |                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Chira, LLC</b>                                                                            |                                                                                                                                                      | Transaction ID: SB17.24101<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 0 5 / 2 0 0 6    |
| Mailing Address 610 Joline Ave.                                                                                                            |                                                                                                                                                      | Amount of Each Disbursement this Period<br>175.00                                                   |
| City Long Branch<br>State NJ<br>Zip Code 07740                                                                                             | Purpose of Disbursement<br>Storage Unit<br>Candidate Name<br>Category/Type                                                                           |                                                                                                     |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

|                                                                                                                                            |                                                                                                                                                      |                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Comcast</b>                                                                               |                                                                                                                                                      | Transaction ID: SB17.23902<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 2 5 / 2 0 0 6    |
| Mailing Address PO Box 69                                                                                                                  |                                                                                                                                                      | Amount of Each Disbursement this Period<br>80.70                                                    |
| City Newark<br>State NJ<br>Zip Code 07101                                                                                                  | Purpose of Disbursement<br>TV Service<br>Candidate Name<br>Category/Type                                                                             |                                                                                                     |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

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|--------------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 430.70 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....  |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
PALLONE FOR CONGRESS

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A. DCCC</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 430 South Capitol St. SE<br>City Washington State DC Zip Code 20003<br>Purpose of Disbursement In-kind - Fundraising Services<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID:</b> SB17.24112<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 4 / 3 0 / 2 0 0 6<br><b>Amount of Each Disbursement this Period</b><br>7.89<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>B. Federal Express</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address PO Box 371461<br>City Pittsburgh State PA Zip Code 15250<br>Purpose of Disbursement Deliveries<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID:</b> SB17.23903<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 4 / 2 5 / 2 0 0 6<br><b>Amount of Each Disbursement this Period</b><br>128.04<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>C. Flowers by Van Brunt</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 604 Second Ave.<br>City Long Branch State NJ Zip Code 07740<br>Purpose of Disbursement Memoreial Flowers<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID:</b> SB17.23925<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 4 / 2 7 / 2 0 0 6<br><b>Amount of Each Disbursement this Period</b><br>58.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                    |        |
|--------------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 193.93 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____  |

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
PALLONE FOR CONGRESS

|                                                                                                                                      |                                                                                                                                                      |                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Horizon Blue/C Blue/S of NJ</b>                                                     |                                                                                                                                                      | <b>Transaction ID:</b> SB17.23904<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 4 / 2 5 / 2 0 0 6                                           |
| Mailing Address PO Box 1738                                                                                                          |                                                                                                                                                      | Amount of Each Disbursement this Period<br>378.39<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Newark State NJ Zip Code 07101                                                                                                  |                                                                                                                                                      |                                                                                                                                                          |
| Purpose of Disbursement Health Insurance<br>Candidate Name                                                                           |                                                                                                                                                      | Category/Type                                                                                                                                            |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                                                                          |

|                                                                                                                                      |                                                                                                                                                      |                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Konica Business Technolog</b>                                                       |                                                                                                                                                      | <b>Transaction ID:</b> SB17.23893<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 4 / 1 4 / 2 0 0 6                                           |
| Mailing Address PO Box 41601                                                                                                         |                                                                                                                                                      | Amount of Each Disbursement this Period<br>289.22<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Philadelphia State PA Zip Code 19101                                                                                            |                                                                                                                                                      |                                                                                                                                                          |
| Purpose of Disbursement Copier Lease<br>Candidate Name                                                                               |                                                                                                                                                      | Category/Type                                                                                                                                            |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                                                                          |

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|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Konica Business Technolog</b>                                                       |                                                                                                                                                      | <b>Transaction ID:</b> SB17.24102<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 5 / 1 2 / 2 0 0 6                                           |
| Mailing Address PO Box 41601                                                                                                         |                                                                                                                                                      | Amount of Each Disbursement this Period<br>299.87<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Philadelphia State PA Zip Code 19101                                                                                            |                                                                                                                                                      |                                                                                                                                                          |
| Purpose of Disbursement Copier Lease<br>Candidate Name                                                                               |                                                                                                                                                      | Category/Type                                                                                                                                            |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                                                                          |

|                                                                    |        |
|--------------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 967.48 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....  |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
PALLONE FOR CONGRESS

|                                                                                                                                      |                                                                                                                                                      |                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Middlesex Cty AFL-CIO Labor Council</b>                                             |                                                                                                                                                      | <b>Transaction ID:</b> SB17.23877<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 0 3 / 2 0 0 6                                                  |
| Mailing Address 1295 Livingston Ave.                                                                                                 |                                                                                                                                                      | Amount of Each Disbursement this Period<br>150.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City North Brunswick State NJ Zip Code 08902                                                                                         |                                                                                                                                                      |                                                                                                                                                          |
| Purpose of Disbursement Ad<br>Candidate Name                                                                                         | Category/Type                                                                                                                                        |                                                                                                                                                          |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                                                                          |

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|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Matthew B. Montekio</b>                                                             |                                                                                                                                                      | <b>Transaction ID:</b> SB17.23874<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 0 3 / 2 0 0 6                                                                        |
| Mailing Address 118 Flintlock Dr.                                                                                                    |                                                                                                                                                      | Amount of Each Disbursement this Period<br>704.63<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b> |
| City Lakewood State NJ Zip Code 08701                                                                                                |                                                                                                                                                      |                                                                                                                                                                                |
| Purpose of Disbursement Salary<br>Candidate Name                                                                                     | Category/Type                                                                                                                                        |                                                                                                                                                                                |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                                                                                                |

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|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Matthew B. Montekio</b>                                                             |                                                                                                                                                      | <b>Transaction ID:</b> SB17.23879<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 0 3 / 2 0 0 6                                                  |
| Mailing Address 118 Flintlock Dr.                                                                                                    |                                                                                                                                                      | Amount of Each Disbursement this Period<br>704.63<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Lakewood State NJ Zip Code 08701                                                                                                |                                                                                                                                                      |                                                                                                                                                          |
| Purpose of Disbursement Salary<br>Candidate Name                                                                                     | Category/Type                                                                                                                                        |                                                                                                                                                          |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                                                                          |

|                                                                    |               |
|--------------------------------------------------------------------|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>854.63</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....         |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
PALLONE FOR CONGRESS

|                                                                                                                                      |                                                                                                                                                      |                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Matthew B. Montekio</b>                                                             |                                                                                                                                                      | <b>Transaction ID:</b> SB17.23897<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 1 7 / 2 0 0 6                                                   |
| Mailing Address 118 Flintlock Dr.                                                                                                    |                                                                                                                                                      | Amount of Each Disbursement this Period<br>1304.44<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Lakewood State NJ Zip Code 08701                                                                                                | Purpose of Disbursement Salary<br>Candidate Name<br>Category/Type                                                                                    |                                                                                                                                                           |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                                                                           |

|                                                                                                                                      |                                                                                                                                                      |                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Matthew B. Montekio</b>                                                             |                                                                                                                                                      | <b>Transaction ID:</b> SB17.23931<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 0 1 / 2 0 0 6                                                   |
| Mailing Address 118 Flintlock Dr.                                                                                                    |                                                                                                                                                      | Amount of Each Disbursement this Period<br>1304.44<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Lakewood State NJ Zip Code 08701                                                                                                | Purpose of Disbursement Salary<br>Candidate Name<br>Category/Type                                                                                    |                                                                                                                                                           |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                                                                           |

|                                                                                                                                      |                                                                                                                                                      |                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Matthew B. Montekio</b>                                                             |                                                                                                                                                      | <b>Transaction ID:</b> SB17.24106<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 1 5 / 2 0 0 6                                                   |
| Mailing Address 118 Flintlock Dr.                                                                                                    |                                                                                                                                                      | Amount of Each Disbursement this Period<br>1304.44<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Lakewood State NJ Zip Code 08701                                                                                                | Purpose of Disbursement Salary<br>Candidate Name<br>Category/Type                                                                                    |                                                                                                                                                           |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                                                                           |

|                                                                    |                |
|--------------------------------------------------------------------|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>3913.32</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....          |

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 62 / 69

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

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NAME OF COMMITTEE (In Full)  
PALLONE FOR CONGRESS

|                                                                                                                                      |                                                                                                                                                      |                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Quill Corp.</b>                                                                     |                                                                                                                                                      | <b>Transaction ID:</b> SB17.23894<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 1 4 / 2 0 0 6                                                  |
| Mailing Address PO Box 94081                                                                                                         |                                                                                                                                                      | Amount of Each Disbursement this Period<br>209.39<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Palatine State IL Zip Code 60094                                                                                                |                                                                                                                                                      |                                                                                                                                                          |
| Purpose of Disbursement Supplies<br>Candidate Name                                                                                   | Category/Type                                                                                                                                        |                                                                                                                                                          |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                                                                          |

|                                                                                                                                      |                                                                                                                                                      |                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Marilyn Regan</b>                                                                   |                                                                                                                                                      | <b>Transaction ID:</b> SB17.23880<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 0 3 / 2 0 0 6                                                  |
| Mailing Address 41 Werah Place                                                                                                       |                                                                                                                                                      | Amount of Each Disbursement this Period<br>841.03<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Oceanport State NJ Zip Code 07757                                                                                               |                                                                                                                                                      |                                                                                                                                                          |
| Purpose of Disbursement Salary<br>Candidate Name                                                                                     | Category/Type                                                                                                                                        |                                                                                                                                                          |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                                                                          |

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|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Marilyn Regan</b>                                                                   |                                                                                                                                                      | <b>Transaction ID:</b> SB17.23899<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 1 7 / 2 0 0 6                                                   |
| Mailing Address 41 Werah Place                                                                                                       |                                                                                                                                                      | Amount of Each Disbursement this Period<br>1700.62<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Oceanport State NJ Zip Code 07757                                                                                               |                                                                                                                                                      |                                                                                                                                                           |
| Purpose of Disbursement Salary<br>Candidate Name                                                                                     | Category/Type                                                                                                                                        |                                                                                                                                                           |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                                                                           |

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|--------------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 2751.04 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....   |

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
PALLONE FOR CONGRESS

|                                                                                                                                      |                                                                                                                                                      |                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Marilyn Regan</b>                                                                   |                                                                                                                                                      | <b>Transaction ID:</b> SB17.23932<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 0 1 / 2 0 0 6 |
| Mailing Address 41 Werah Place                                                                                                       |                                                                                                                                                      | Amount of Each Disbursement this Period<br>1700.62                                                      |
| City Oceanport State NJ Zip Code 07757                                                                                               | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                                                  |                                                                                                         |
| Purpose of Disbursement Salary<br>Candidate Name                                                                                     | Category/Type                                                                                                                                        |                                                                                                         |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                         |

|                                                                                                                                      |                                                                                                                                                      |                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Marilyn Regan</b>                                                                   |                                                                                                                                                      | <b>Transaction ID:</b> SB17.24107<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 1 5 / 2 0 0 6 |
| Mailing Address 41 Werah Place                                                                                                       |                                                                                                                                                      | Amount of Each Disbursement this Period<br>1700.62                                                      |
| City Oceanport State NJ Zip Code 07757                                                                                               | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                                                  |                                                                                                         |
| Purpose of Disbursement Salary<br>Candidate Name                                                                                     | Category/Type                                                                                                                                        |                                                                                                         |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                         |

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|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Sheet Metal Wrkrs Local 27</b>                                                      |                                                                                                                                                      | <b>Transaction ID:</b> SB17.23892<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 1 4 / 2 0 0 6 |
| Mailing Address PO Box 847                                                                                                           |                                                                                                                                                      | Amount of Each Disbursement this Period<br>200.00                                                       |
| City Farmingdale State NJ Zip Code 07727                                                                                             | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                                                  |                                                                                                         |
| Purpose of Disbursement Ad<br>Candidate Name                                                                                         | Category/Type                                                                                                                                        |                                                                                                         |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                         |

|                                                                    |                |
|--------------------------------------------------------------------|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>3601.24</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____          |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
PALLONE FOR CONGRESS

|                                                                                                                                      |                                                                                                                                                      |                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. State of New Jersey NJ-927</b>                                                      |                                                                                                                                                      | <b>Transaction ID:</b> SB17.23901<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 2 1 / 2 0 0 6 |
| Mailing Address PO Box 632                                                                                                           |                                                                                                                                                      | Amount of Each Disbursement this Period<br>599.61                                                       |
| City Trenton State NJ Zip Code 08646                                                                                                 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                                                  |                                                                                                         |
| Purpose of Disbursement First Quarter Payment<br>Candidate Name                                                                      | Category/Type                                                                                                                                        |                                                                                                         |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                         |

|                                                                                                                                      |                                                                                                                                                      |                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. The Hartford</b>                                                                    |                                                                                                                                                      | <b>Transaction ID:</b> SB17.23927<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 2 7 / 2 0 0 6 |
| Mailing Address PO Box 2907                                                                                                          |                                                                                                                                                      | Amount of Each Disbursement this Period<br>569.00                                                       |
| City Hartford State CT Zip Code 06104                                                                                                | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                                                  |                                                                                                         |
| Purpose of Disbursement Workmen's Comp.<br>Candidate Name                                                                            | Category/Type                                                                                                                                        |                                                                                                         |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                         |

|                                                                                                                                      |                                                                                                                                                      |                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Joseph Turpin</b>                                                                   |                                                                                                                                                      | <b>Transaction ID:</b> SB17.23891<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 1 3 / 2 0 0 6 |
| Mailing Address 40 Hobart Manor                                                                                                      |                                                                                                                                                      | Amount of Each Disbursement this Period<br>150.00                                                       |
| City Long Branch State NJ Zip Code 07740                                                                                             | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                                                  |                                                                                                         |
| Purpose of Disbursement Casual Labor<br>Candidate Name                                                                               | Category/Type                                                                                                                                        |                                                                                                         |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                         |

|                                                                    |         |
|--------------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1318.61 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....   |



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
PALLONE FOR CONGRESS

|                                                                                                                                      |                                                                                                                                                      |                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Verizon</b>                                                                         |                                                                                                                                                      | <b>Transaction ID:</b> SB17.23895<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 4 / 1 4 / 2 0 0 6 |
| Mailing Address PO Box 4833                                                                                                          |                                                                                                                                                      | Amount of Each Disbursement this Period<br>878.21                                                              |
| City State Zip Code<br>Trenton NJ 08650                                                                                              | Purpose of Disbursement Telephone Service<br>Candidate Name                                                                                          |                                                                                                                |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53            |

|                                                                                                                                      |                                                                                                                                                      |                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Verizon</b>                                                                         |                                                                                                                                                      | <b>Transaction ID:</b> SB17.24103<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 5 / 1 2 / 2 0 0 6 |
| Mailing Address PO Box 4833                                                                                                          |                                                                                                                                                      | Amount of Each Disbursement this Period<br>978.93                                                              |
| City State Zip Code<br>Trenton NJ 08650                                                                                              | Purpose of Disbursement Telephone Service<br>Candidate Name                                                                                          |                                                                                                                |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53            |

|                                                                                                                                      |                                                                                                                                                      |                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Verizon Wireless</b>                                                                |                                                                                                                                                      | <b>Transaction ID:</b> SB17.23896<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 4 / 1 4 / 2 0 0 6 |
| Mailing Address PO Box 489                                                                                                           |                                                                                                                                                      | Amount of Each Disbursement this Period<br>180.28                                                              |
| City State Zip Code<br>Newark NJ 07101                                                                                               | Purpose of Disbursement Cell Phone<br>Candidate Name                                                                                                 |                                                                                                                |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53            |

|                                                                    |                |
|--------------------------------------------------------------------|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>2037.42</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |                |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
PALLONE FOR CONGRESS

|                                                                                                                                      |                                                                                                                                                      |                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Verizon Wireless</b>                                                                |                                                                                                                                                      | <b>Transaction ID:</b> SB17.24104<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 5 / 1 2 / 2 0 0 6                                           |
| Mailing Address PO Box 489                                                                                                           |                                                                                                                                                      | Amount of Each Disbursement this Period<br>183.68<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Newark State NJ Zip Code 07101                                                                                                  |                                                                                                                                                      |                                                                                                                                                          |
| Purpose of Disbursement Cell Phone<br>Candidate Name                                                                                 | Category/Type                                                                                                                                        |                                                                                                                                                          |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                                                                          |

|                                                                                                                                      |                                                                                                                                                      |                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Bruce W. Woolley</b>                                                                |                                                                                                                                                      | <b>Transaction ID:</b> SB17.23884<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 4 / 0 3 / 2 0 0 6                                            |
| Mailing Address PO Box 4088                                                                                                          |                                                                                                                                                      | Amount of Each Disbursement this Period<br>1275.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Long Branch State NJ Zip Code 07740                                                                                             |                                                                                                                                                      |                                                                                                                                                           |
| Purpose of Disbursement Rent<br>Candidate Name                                                                                       | Category/Type                                                                                                                                        |                                                                                                                                                           |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                                                                           |

|                                                                                                                                      |                                                                                                                                                      |                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Bruce W. Woolley</b>                                                                |                                                                                                                                                      | <b>Transaction ID:</b> SB17.23933<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 5 / 0 5 / 2 0 0 6                                            |
| Mailing Address PO Box 4088                                                                                                          |                                                                                                                                                      | Amount of Each Disbursement this Period<br>2550.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Long Branch State NJ Zip Code 07740                                                                                             |                                                                                                                                                      |                                                                                                                                                           |
| Purpose of Disbursement Rent<br>Candidate Name                                                                                       | Category/Type                                                                                                                                        |                                                                                                                                                           |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                                                                           |

|                                                                    |                 |
|--------------------------------------------------------------------|-----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>4008.68</b>  |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | <b>35182.27</b> |

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
PALLONE FOR CONGRESS

|                                                                                                                                      |                                                                                                                                                      |                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. North Fork Bank</b>                                                                 |                                                                                                                                                      | <b>Transaction ID:</b> SB19B.23938<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 0 3 / 2 0 0 6                                                 |
| Mailing Address PO Box 159                                                                                                           |                                                                                                                                                      | Amount of Each Disbursement this Period<br>480.20<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Laurel State NY Zip Code 11946                                                                                                  | Purpose of Disbursement<br>Car Payment #46<br>Candidate Name                                                                                         |                                                                                                                                                          |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Category/<br>Type                                                                                                                                        |

|                                                                                                                                      |                                                                                                                                                      |                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. North Fork Bank</b>                                                                 |                                                                                                                                                      | <b>Transaction ID:</b> SB19B.23939<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 2 5 / 2 0 0 6                                                 |
| Mailing Address PO Box 159                                                                                                           |                                                                                                                                                      | Amount of Each Disbursement this Period<br>480.20<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Laurel State NY Zip Code 11946                                                                                                  | Purpose of Disbursement<br>Car Payment #47<br>Candidate Name                                                                                         |                                                                                                                                                          |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Category/<br>Type                                                                                                                                        |

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

960.40

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

960.40

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
PALLONE FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A.** Democratic Majority PAC

Mailing Address PO Box 3037

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement  
Transfer of Funds

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.23934

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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

**1000.00**

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

**1000.00**

**SCHEDULE C (FEC Form 3 )**

**LOANS**

|                                                                         |                                                                                                        |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 69 / 69                                                                                           |
|                                                                         | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input checked="" type="checkbox"/> 13b |

NAME OF COMMITTEE (In Full)  
**PALLONE FOR CONGRESS**

**Transaction ID: SC/10.10474**

|                                                                               |                                                                                                                                            |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| <b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)<br>North Fork Bank | Election:<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Mailing Address PO Box 159                                                    |                                                                                                                                            |
| City Laurel State NY ZIP Code 11946                                           |                                                                                                                                            |

|                         |                            |                                             |
|-------------------------|----------------------------|---------------------------------------------|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 23049.60                | 22569.40                   | 480.20                                      |

**TERMS**

|                            |            |               |                                                                     |
|----------------------------|------------|---------------|---------------------------------------------------------------------|
| Date Incurred              | Date Due   | Interest Rate | Secured:                                                            |
| M M 07 D D 03 Y Y Y Y 2002 | 05/30/2006 | 5.30 % (apr)  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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

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

|                                                               |               |
|---------------------------------------------------------------|---------------|
| <b>SUBTOTALS</b> This Period This Page (optional) .....       | <b>480.20</b> |
| <b>TOTALS</b> This Period (last page in this line only) ..... | <b>480.20</b> |

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