

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 JUL 23 A 9 28

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full) <i>OCOM FIRST Political Action Committee</i>	2. FEC IDENTIFICATION NUMBER <i>C 00 304410</i>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported	3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE	

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report
- Monthly Report Due On:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- 12-Day Pre-Election Report for the _____
(Type of Election)
election on _____ in the State of _____
- 30-Day Post-Election Report following the General Election
on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <i>04-01-00</i> through <i>06-30-00</i>		
6. (a) Cash on Hand January 1, <i>2000</i>		\$ <i>1673.77</i>
(b) Cash on Hand at Beginning of Reporting Period	\$ <i>694.92</i>	
(c) Total Receipts (from Line 19)	\$ <i>8483.48</i>	\$ <i>8930.63</i>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <i>9178.40</i>	\$ <i>10604.40</i>
7. Total Disbursements (from Line 30)	\$ <i>2401.80</i>	\$ <i>3827.80</i>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <i>6776.60</i>	\$ <i>6776.60</i>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ <i>0</i>	For further information contact: Federal Election Commission 898 E Street, NW Washington, DC 20488 Toll Free 800-424-9530 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ <i>0</i>	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer <i>DINA ANCELLO</i>	Date <i>7-17-00</i>
Signature of Treasurer <i>Dina Anello</i>	

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

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FEC FORM 3X
(revised 8/93)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD FROM 04-01-2000 TO 06-30-2000		
		COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees			
i.	Itemized (use Schedule A)	7200.00	7200.00	11(a)(i)
ii.	Unitemized	1275.00	1716.47	11(a)(ii)
ii.	Total (add i and ii) >	8475.00	8916.47	11(a)(ii)
b.	Political Party Committees			11(b)
c.	Other Political Committees (such as PACs)			11(c)
d.	Total Contributions (add a iii, b and c) >	8475.00	8916.47	11(d)
12.	Transfers From Affiliated/Other Party Committees			12
13.	All Loans Received			13
14.	Loan Repayments Received			14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17.	Other Federal Receipts (Dividends, Interest, etc.)	8.48	14.16	17
18.	Transfers from Nontederal Account for Joint Activity			18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	8483.48	8930.63	19
20.	Total Federal Receipts (subtract line 18 from line 19) >	8475.00	8930.63	20
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			
i.	Federal Share			21(a)(i)
ii.	Non-Federal Share			21(a)(ii)
b.	Other Federal Operating Expenditures			21(b)
c.	Total Operating Expenditures (add a i, a ii, and b) >			21(c)
22.	Transfers to Affiliated/Other Party Committees			22
23.	Contributions to Federal Candidates/Committees and Other Political Committees	2000.00	3000.00	23
24.	Independent Expenditures (use Schedule E)			24
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26.	Loan Repayments Made			26
27.	Loans Made			27
28.	Refunds of Contributions To:			
a.	Individuals/Persons Other Than Political Committees			28(a)
b.	Political Party Committees			28(b)
c.	Other Political Committees (such as PACs)			28(c)
d.	Total Contribution Refunds (add a, b and c) >			28(d)
29.	Other Disbursements	1407.80	827.40	29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	2401.80	3827.80	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	2401.80	3827.80	31
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans) (from line 11d)	8475.00	8916.47	32
33.	Total Contribution Refunds (from line 28d)			33
34.	Net Contributions (other than loans) (subtract line 33 from 32)	8475.00	8916.47	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >			35
36.	Offsets to Operating Expenditures (from line 15)			36
37.	Net Operating Expenditures (subtract line 36 from 35) >			37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **1** OF **1**
FOR LINE NUMBER

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

NAME OF COMMITTEE (in Full)

Ocean First Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<p><i>See attached</i></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation</p> <p>Aggregate Year-to-Date \gg \$</p>		
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date \gg \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt This Period</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date \gg \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt This Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date \gg \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt This Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date \gg \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt This Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date \gg \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt This Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date \gg \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt This Period</p>

SUBTOTAL of Receipts This Page (optional)

7200.00

TOTAL This Period (last page this line number only)

7200.00

RECEIPT TYPE (USE A SEPARATE SCHEDULE A FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT):
 MEMORANDUM CONTRIBUTIONS IN-KIND CONTRIBUTIONS (EXPIRES 12/31/00) REPUBLICAN PARTY / REPORTS OF DISBURSEMENTS DIVIDENDS / INTEREST

COMMITTEE NAME: OceanFirst Political Action Committee

ACCOUNT NAME and NUMBER: OceanFirst Political Action Committee #07008015315

CONTRIBUTOR NAME <u>DIANE Rhine</u>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <u>6 MAGNOLIA LANE</u>	DATE(S) RECEIVED THIS PERIOD <u>6-14-00</u>	AMOUNT(S) RECEIVED THIS PERIOD <u>750.00</u>
OCCUPATION <u>REALTOR / Bd of Director</u>	STATE USE ONLY	CITY, STATE AND ZIP CODE <u>Toms River, NJ, 08753</u>		
EMPLOYER NAME <u>CITTA + Cobb</u>	EMPLOYER ADDRESS (NUMBER AND STREET) <u>236 Washington St.</u>		AGGREGATE YEAR-TO-DATE <u>750.00</u>	
CITY, STATE AND ZIP CODE <u>Toms River, NJ, 08753</u>				
RECEIPT DESCRIPTION (if in-kind)				

CONTRIBUTOR NAME <u>Thomas F. Curtin</u>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <u>78 Twilight Road</u>	DATE(S) RECEIVED THIS PERIOD <u>6-14-00</u>	AMOUNT(S) RECEIVED THIS PERIOD <u>750.00</u>
OCCUPATION <u>Investor Relations / Bd of Dir</u>	STATE USE ONLY	CITY, STATE AND ZIP CODE <u>Toms River, NJ 08753</u>		
EMPLOYER NAME	EMPLOYER ADDRESS (NUMBER AND STREET)		AGGREGATE YEAR-TO-DATE <u>750.00</u>	
CITY, STATE AND ZIP CODE				
RECEIPT DESCRIPTION (if in-kind)				

CONTRIBUTOR NAME <u>Robert E. Kne Miller</u>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <u>765 GOVERNORS WAY.</u>	DATE(S) RECEIVED THIS PERIOD <u>4-28-00</u>	AMOUNT(S) RECEIVED THIS PERIOD <u>750.00</u>
OCCUPATION <u>Bd of Dir. / RETIRED</u>	STATE USE ONLY	CITY, STATE AND ZIP CODE <u>WAYNESBORO, VA 22980</u>		
EMPLOYER NAME	EMPLOYER ADDRESS (NUMBER AND STREET)		AGGREGATE YEAR-TO-DATE <u>750.00</u>	
CITY, STATE AND ZIP CODE				
RECEIPT DESCRIPTION (if in-kind)				

CONTRIBUTOR NAME <u>DONALD McLaughlin</u>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <u>9 BEIDF WATERS DR #12</u>	DATE(S) RECEIVED THIS PERIOD <u>4-28-00</u>	AMOUNT(S) RECEIVED THIS PERIOD <u>750.00</u>
OCCUPATION <u>Accountant / Bd of Dir</u>	STATE USE ONLY	CITY, STATE AND ZIP CODE <u>Oceanport NJ, 07757</u>		
EMPLOYER NAME <u>Hutchins LAZZA FARREL + ALISON</u>	EMPLOYER ADDRESS (NUMBER AND STREET) <u>512 Main St.</u>		AGGREGATE YEAR-TO-DATE <u>750.00</u>	
CITY, STATE AND ZIP CODE <u>Toms River, NJ, 08753</u>				
RECEIPT DESCRIPTION (if in-kind)				

1. SUBTOTAL (Add all receipts listed on this page.) 3000.00
 2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)

RECEIPT TYPE (USE A SEPARATE SCHEDULE A FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)
 MEMBERS CONTRIBUTIONS IN-KIND CONTRIBUTIONS - EXPENSES MADE BY OTHERS REDEMPTIONS / REFUNDS OF CONTRIBUTIONS DIVIDENDS / INTEREST

COMMITTEE NAME: OceanFirst Political Action Committee

ACCOUNT NAME and NUMBER: OceanFirst Political Action Committee #07006015313

CONTRIBUTOR NAME <u>CARL FELTZ JR</u>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <u>1515 104 RD</u>	DATE(S) RECEIVED THIS PERIOD <u>5-26-00</u>	AMOUNT(S) RECEIVED THIS PERIOD <u>750.00</u>
OCCUPATION <u>Ed. of Dir.</u>	STATE USE ONLY	(CITY, STATE AND ZIP CODE) <u>Pt. Pleasant, NJ 08742</u>		
EMPLOYER NAME <u>OceanFirst Bank</u>	EMPLOYER ADDRESS (NUMBER AND STREET) <u>975 Hooper Ave</u>		AGGREGATE YEAR-TO-DATE <u>750.00</u>	
(CITY, STATE AND ZIP CODE) <u>Toms River, NJ 08753</u>				
RECEIPT DESCRIPTION (If In-kind)				

CONTRIBUTOR NAME <u>John A. Kelly</u>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <u>85 Driftwood Dr</u>	DATE(S) RECEIVED THIS PERIOD <u>6-10-00</u>	AMOUNT(S) RECEIVED THIS PERIOD <u>600.00</u>
OCCUPATION <u>Banker</u>	STATE USE ONLY	(CITY, STATE AND ZIP CODE) <u>BRICK, NJ 08723</u>		
EMPLOYER NAME <u>OceanFirst Bank</u>	EMPLOYER ADDRESS (NUMBER AND STREET) <u>975 Hooper Ave</u>		AGGREGATE YEAR-TO-DATE <u>600.00</u>	
(CITY, STATE AND ZIP CODE) <u>Toms River, NJ 08753</u>				
RECEIPT DESCRIPTION (If In-kind)				

CONTRIBUTOR NAME <u>John R. Barbarino</u>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <u>632 Ocean View Rd</u>	DATE(S) RECEIVED THIS PERIOD <u>6-09-00</u>	AMOUNT(S) RECEIVED THIS PERIOD <u>750.00</u>
OCCUPATION <u>Banker</u>	STATE USE ONLY	(CITY, STATE AND ZIP CODE) <u>Brielle, NJ 08730</u>		
EMPLOYER NAME <u>OceanFirst Bank</u>	EMPLOYER ADDRESS (NUMBER AND STREET) <u>975 Hooper Ave</u>		AGGREGATE YEAR-TO-DATE <u>750.00</u>	
(CITY, STATE AND ZIP CODE) <u>Toms River, NJ 08753</u>				
RECEIPT DESCRIPTION (If In-kind)				

CONTRIBUTOR NAME <u>Michael Fitzpatrick</u>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <u>60 Cliff Edge Way</u>	DATE(S) RECEIVED THIS PERIOD <u>6-08-00</u>	AMOUNT(S) RECEIVED THIS PERIOD <u>600.00</u>
OCCUPATION <u>Banker</u>	STATE USE ONLY	(CITY, STATE AND ZIP CODE) <u>Middletown, NJ 07701</u>		
EMPLOYER NAME <u>OceanFirst Bank</u>	EMPLOYER ADDRESS (NUMBER AND STREET) <u>975 Hooper Ave</u>		AGGREGATE YEAR-TO-DATE <u>600.00</u>	
(CITY, STATE AND ZIP CODE) <u>Toms River, NJ 08753</u>				
RECEIPT DESCRIPTION (If In-kind)				

1. SUBTOTAL (Add all receipts listed on this page.) 2700.00

2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)

ITEMIZED RECEIPTS (Other than Loans) SCHEDULE A Page No. **3** of **3**

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.
 RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)

CONTRIBUTOR CONTRIBUTIONS
 IN-KIND CONTRIBUTIONS - EXPENDITURES MADE BY OTHERS
 REFUNDS/REIMBURSEMENTS
 DIVIDENDS/INTEREST

COMMITTEE NAME: **OCEAN FIRST Political Action Committee**

ACCOUNT NAME and NUMBER: **OceanFirst Political Action Committee #07000015315**

CONTRIBUTOR NAME: **FREDERICK E. SCHLOSSER** STATE USE ONLY: _____ CONTRIBUTOR ADDRESS (NUMBER AND STREET): **28 OLD SQUARE RD**

OCCUPATION: **DR OFFICER** STATE USE ONLY: _____ (CITY, STATE AND ZIP CODE): **MANASQUAN, N.J. 08736**

EMPLOYER NAME: **RETIRED** DATE(S) RECEIVED THIS PERIOD: **4-28-00** AMOUNT(S) RECEIVED THIS PERIOD: **750.00**

EMPLOYER ADDRESS (NUMBER AND STREET): _____ (CITY, STATE AND ZIP CODE): _____

RECEIPT DESCRIPTION (If 5-10-00): _____ AGGREGATE YEAR-TO-DATE: **750.00**

CONTRIBUTOR NAME: **JAMES SNYDER** STATE USE ONLY: _____ CONTRIBUTOR ADDRESS (NUMBER AND STREET): **7 MORNINGSIDE DR.**

OCCUPATION: **DR OFFICER** STATE USE ONLY: _____ (CITY, STATE AND ZIP CODE): **TOMS RIVER, NJ, 08753**

EMPLOYER NAME: **OCEAN FIRST BANK** DATE(S) RECEIVED THIS PERIOD: **4-25-00** AMOUNT(S) RECEIVED THIS PERIOD: **750.00**

EMPLOYER ADDRESS (NUMBER AND STREET): **975 HOOPER AVE** (CITY, STATE AND ZIP CODE): **TOMS RIVER, NJ 08753**

RECEIPT DESCRIPTION (If 5-10-00): _____ AGGREGATE YEAR-TO-DATE: **750.00**

CONTRIBUTOR NAME: _____ STATE USE ONLY: _____ CONTRIBUTOR ADDRESS (NUMBER AND STREET): _____

OCCUPATION: _____ STATE USE ONLY: _____ (CITY, STATE AND ZIP CODE): _____

EMPLOYER NAME: _____ DATE(S) RECEIVED THIS PERIOD: _____ AMOUNT(S) RECEIVED THIS PERIOD: _____

EMPLOYER ADDRESS (NUMBER AND STREET): _____ (CITY, STATE AND ZIP CODE): _____

RECEIPT DESCRIPTION (If 5-10-00): _____ AGGREGATE YEAR-TO-DATE: _____

CONTRIBUTOR NAME: _____ STATE USE ONLY: _____ CONTRIBUTOR ADDRESS (NUMBER AND STREET): _____

OCCUPATION: _____ STATE USE ONLY: _____ (CITY, STATE AND ZIP CODE): _____

EMPLOYER NAME: _____ DATE(S) RECEIVED THIS PERIOD: _____ AMOUNT(S) RECEIVED THIS PERIOD: _____

EMPLOYER ADDRESS (NUMBER AND STREET): _____ (CITY, STATE AND ZIP CODE): _____

RECEIPT DESCRIPTION (If 5-10-00): _____ AGGREGATE YEAR-TO-DATE: _____

1. SUBTOTAL (Add all receipts listed on this page.) **1500.00**

2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.) **7200.00**

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
Ocean First Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>see attached</i>	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	<i>875.00</i>
TOTAL This Period (last page this line number only)	

ITEMIZED MONETARY CONTRIBUTIONS MADE TO CANDIDATES AND COMMITTEES

SCHEDULE D

Page No.

1 of 1

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

USE A SEPARATE "SCHEDULE D" FOR EACH SEPARATE ACCOUNT AND EACH SEPARATE RECIPIENT TYPE



NEW JERSEY GOVERNATORIAL CANDIDATES/COMMITTEES



NEW JERSEY LEGISLATIVE CANDIDATES/COMMITTEES



ALL OTHER CANDIDATES/COMMITTEES

COMMITTEE NAME: OCEANCRST Political Action Committee

ACCOUNT NAME and NUMBER: OCEANCRST Political Action Committee #07000015313

RECIPIENT NAME, ADDRESS (Number and Street, City, State, Zip Code)	ELECTION DATE	CHECK		AMOUNT OF EACH CONTRIBUTION
	DISTRICT OR COUNTY OR MUNICIPALITY	NO(S)	DATE(S)	
<u>OCEAN COUNTY REPUBLICAN Finance Committee 21 State Hwy 37 EAST TOMS RIVER, NJ 08753</u>	<u>Ocean County</u>	<u>2013</u>	<u>4-1-00</u>	<u>150.00</u>
<u>FRENCHMAN R. & R. GOLF OUTING P.O. BOX 757 TOMS RIVER, NJ 08754</u>	<u>Ocean County</u>	<u>2018</u>	<u>6-20-00</u>	<u>500.00</u>
<u>LACEY TWP. Reg. REP. Club P.O. Box 681 Forked River, NJ 08751</u>	<u>Ocean County</u>	<u>2011</u>	<u>4-1-00</u>	<u>75.00</u>
<u>PRIDE in BERKELEY PAL 10 Piermont Rd Toms River, NJ 08757</u>	<u>Ocean County</u>	<u>2012</u>	<u>4-1-00</u>	<u>150.00</u>

1. SUBTOTAL (Add all contributions made to each recipient type listed on this page.)	<u>\$75.00</u>
2. TOTAL, THIS RECIPIENT TYPE, THIS PERIOD (Complete this line on the last page used for each recipient type. Carry forward to Page 2, either Line 15a, Line 15b, or Line 15c, Column A.)	<u>\$75.00</u>

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 5
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

Cross First Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
<i>All attached</i>			

SUBTOTAL of Disbursements This Page (optional)

1125.00

TOTAL This Period (last page this line number only)

2000

ITEMIZED MONETARY CONTRIBUTIONS MADE TO CANDIDATES AND COMMITTEES

SCHEDULE D

Page No. 1 of 1

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

USE A SEPARATE "SCHEDULE D" FOR EACH SEPARATE ACCOUNT AND EACH SEPARATE RECIENT TYPE

NEW JERSEY GOVERNATORIAL CANDIDATES/COMMITTEES

NEW JERSEY LEGISLATIVE CANDIDATES/COMMITTEES

ALL OTHER CANDIDATES/COMMITTEES

COMMITTEE NAME: *OCEANFIRST Political Action Committee*

ACCOUNT NAME and NUMBER: *OCEANFIRST Political Action Committee # 0700F015313*

RECIPIENT NAME, ADDRESS (Number and Street, City, State, Zip Code)	ELECTION DATE	CHECK		AMOUNT OF EACH CONTRIBUTION	
	DISTRICT OR COUNTY OR MUNICIPALITY	NO(S).	DATE(S)		
<i>Committee to Reelect Longobardi Chris Smith PO BOX 3184 Hamilton NJ, 08619</i>	<i>NOV 9, 2000</i>	<i>4th District</i>	<i>2017</i>	<i>6-20-00</i>	<i>125.00</i>
<i>Florida Pal Senate 390 George St. Suite 404 New Brunswick, NJ 08901</i>	<i>June 6, 2000</i>	<i>US SENATE</i>	<i>2015</i>	<i>5-22-00</i>	<i>1,000.00</i>

1. SUBTOTAL (Add all contributions made to each recipient type listed on this page.)	<i>1,125.00</i>
2. TOTAL, THIS RECIPIENT TYPE, THIS PERIOD (Complete this line on the last page used for each recipient type. Carry forward to Page 2, either Line 15a, Line 15b, or Line 15c, Column A.)	<i>1,125.00</i>

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Name of Committee (In Full) <i>Ocean First Political Action Committee</i>				
Full Name, Mailing Address & ZIP Code of Each Payee	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought <input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
(a) SUBTOTAL of Itemized Independent Expenditures			\$ <u>401.80</u>	
(b) SUBTOTAL of Unitemized Independent Expenditures			\$ <u>401.80</u>	<u>401.80</u>
(c) TOTAL Independent Expenditures				

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the financing of dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

Subscribed and sworn to before me this _____ day of _____, 19____

My Commission expires: _____

NOTARY PUBLIC

Signature _____

Date _____

ITEMIZED OPERATING DISBURSEMENTS

SCHEDULE C

Page No. 1 of 1

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.
USE A SEPARATE "SCHEDULE C" FOR EACH SEPARATE ACCOUNT

COMMITTEE NAME: *OceanFirst Political Action Committee*

ACCOUNT NAME and NUMBER: *OceanFirst Political Action Committee #07008015313*

PAYEE OR CREDITOR NAME, ADDRESS (Number and Street, City, State, Zip Code)	PURPOSE *	AMOUNT(S) DISBURSED THIS PERIOD	TRANS- ACTION DATE(S)	CHECK NO(S).
<i>OCEANFIRST BANK 975 HOOPER AVE TOMS RIVER, NJ. 08753</i>	<i>Printing CHECKS</i>	<i>374.08</i>	<i>4-28-00</i>	<i>2014</i>
<i>OCEANFIRST BANK 975 HOOPER AVE. TOMS RIVER, NJ. 08753</i>	<i>POSTAGE</i>	<i>27.72</i>	<i>5-26-00</i>	<i>2016</i>

* Legislative Leadership Committees - See instructions concerning permissible uses of funds.

1. SUBTOTAL (Add all disbursements listed on this page.) *401.80*

2. TOTAL DISBURSEMENTS, THIS PERIOD (Complete this line on the last page used. Carry forward to Page 2, Line 14, Column A.) *401.80*

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 7-17-00
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>SW</i>	7-23-00
PREPARER	DATE PREPARED