

# 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

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)  
Adler for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) New Jersey Democratic State Committee Federal Acco</p> <p>Mailing Address 196 W. State St.</p> <p>City Trenton State NJ Zip Code 08608</p> <p>Purpose of Disbursement Transfer</p> <p>Candidate Name NEW JERSEY DEMOCRATIC STATE COMMITTEE</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D343983</p> <p>Date of Disbursement 10 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 6000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) New Jersey Democratic State Committee Federal Acco</p> <p>Mailing Address 196 W. State St.</p> <p>City Trenton State NJ Zip Code 08608</p> <p>Purpose of Disbursement Transfer</p> <p>Candidate Name NEW JERSEY DEMOCRATIC STATE COMMITTEE</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D343947</p> <p>Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 16500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) New Jersey Democratic State Committee Federal Acco</p> <p>Mailing Address 196 W. State St.</p> <p>City Trenton State NJ Zip Code 08608</p> <p>Purpose of Disbursement Transfer</p> <p>Candidate Name NEW JERSEY DEMOCRATIC STATE COMMITTEE</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D343398</p> <p>Date of Disbursement 10 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 9500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

32000.00

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