

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Adler for Congress

ADDRESS (number and street) 14 Knightswood Drive
 Check if different than previously reported. (ACC)
Marlton NJ 08053

2. **FEC IDENTIFICATION NUMBER** C00439067
IS THIS REPORT NEW (N) **OR** **AMENDED (A)**
CITY STATE ZIP CODE STATE DISTRICT
Marlton NJ 08053 NJ 03

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)
(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on _____ in the State of _____
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 11 25 2008 through 12 31 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Richard Sexton
Signature of Treasurer Electronically Filed by Richard Sexton Date 04 11 2009

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

Office Use Only									FEC FORM 3 (Revised 02/2003)
-----------------	--	--	--	--	--	--	--	--	--

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Adler for Congress

Report Covering the Period: From:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	15580.08	23910.16
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	15580.08	23710.16
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	27024.29	85121.07
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	27024.29	85121.07
8. Cash on Hand at Close of Reporting Period (from Line 27).....	19257.45	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	5000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
Adler for Congress

Report Covering the Period: From:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

2000.00

2500.00

(ii) Unitemized.....

330.08

360.16

(iii) TOTAL of contributions

2330.08

2860.16

from individuals..... ▶

1000.00

1000.00

(b) Political Party Committees.....

12250.00

20050.00

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

15580.08

23910.16

(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

0.00

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

0.00

0.00

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

15580.08

23910.16

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	27024.29	85121.07
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	200.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	200.00
21. OTHER DISBURSEMENTS.....	0.00	2000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	27024.29	87321.07

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	30701.66
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	15580.08
25. SUBTOTAL (add Line 23 and Line 24).....	46281.74
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	27024.29
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	19257.45

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

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

FOR LINE NUMBER: PAGE 5 / 40
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Adler for Congress

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

Mailing Address 815 Connecticut Ave NW
Ste 220

City Washington State DC Zip Code 20006-4032

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

Name of Employer Hoopes Strategies, LLC Occupation Owner

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 12 / 26 / 2008
Transaction ID: C17898560
 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)
Eric S. Kessler

Mailing Address 1620 Belvedere Blvd

City Silver Spring State MD Zip Code 20902-3902

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

Name of Employer Dow Lohnes Government Strategies Occupation Government Affairs Executive

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 12 / 23 / 2008
Transaction ID: C17896810
 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)
Richard J. Sexton

Mailing Address 451 E 2nd St

City Moorestown State NJ Zip Code 08057-3001

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

Name of Employer Lavin, O'Neil, Ricci, Cedrone & DiSipi Occupation Attorney

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 12 / 17 / 2008
Transaction ID: C17898570
 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) ▶ 2000.00

TOTAL This Period (last page this line number only) ▶ 2000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 40
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Adler for Congress

A.

Full Name (Last, First, Middle Initial)
Gloucester County Democrat Executive Committee

Mailing Address 125 Berry Ln

City State Zip Code
Sewell NJ 08080-1535

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: C17898562

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)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 40
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Adler for Congress

A. Full Name (Last, First, Middle Initial)
American Academy of Orthopaedic Surgeons PAC

Mailing Address 317 Massachusetts Avenue NE
1st Floor

City Washington State DC Zip Code 20002-5769

FEC ID number of contributing federal political committee. **C** C00343137

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼ Debt General

Election Cycle-to-Date ▼ 3000.00

Date of Receipt 12 / 19 / 2008
Transaction ID: C17895685
 Amount of Each Receipt this Period 3000.00

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

B. Full Name (Last, First, Middle Initial)
Committee to Re-Elect Albert Coutinho for State As

Mailing Address PO Box 5699

City Newark State NJ Zip Code 07105-0699

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 12 / 29 / 2008
Transaction ID: C17898561
 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)
Int'l Brotherhood of Electrical Workers PAC

Mailing Address 900 7th St NW

City Washington State DC Zip Code 20001-3720

FEC ID number of contributing federal political committee. **C** C00027342

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 12 / 23 / 2008
Transaction ID: C17896811
 Amount of Each Receipt this Period 4000.00

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

SUBTOTAL of Receipts This Page (optional) ► 7250.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 40
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Adler for Congress

A. Full Name (Last, First, Middle Initial)
National Beer Wholesalers Association PAC

Mailing Address 1101 King St
Suite 600

City Alexandria State VA Zip Code 22314-2965

FEC ID number of contributing federal political committee. **C** C00144766

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼ Debt General

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 12 / 03 / 2008
Transaction ID: C17891565
 Amount of Each Receipt this Period 2000.00

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

B. Full Name (Last, First, Middle Initial)
Sweeney Wallace & DiMarco for Freeholder

Mailing Address 125 Berry Ln

City Sewell State NJ Zip Code 08080-1535

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt 12 / 30 / 2008
Transaction ID: C17898563
 Amount of Each Receipt this Period 3000.00

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

PARTNERSHIP--partners below if itemized

C. Full Name (Last, First, Middle Initial)
Dr. Warren Wallace for Freeholder

Mailing Address 125 Berry Ln

City Sewell State NJ Zip Code 08080-1535

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 12 / 30 / 2008
Transaction ID: C17898567
 Amount of Each Receipt this Period 1000.00

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

[MEMO ITEM]
*

SUBTOTAL of Receipts This Page (optional) ► 5000.00

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

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

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

FOR LINE NUMBER: PAGE 9 / 40
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Adler for Congress

A. Full Name (Last, First, Middle Initial)
Frank DiMarco for Freeholder
 Mailing Address 125 Berry Ln
 City Sewell State NJ Zip Code 08080-1535
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼ 1000.00
 Date of Receipt 12 / 30 / 2008
Transaction ID: C17898568
 Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
 *

B. Full Name (Last, First, Middle Initial)
Stephen Sweeney for Freeholder
 Mailing Address 144 Glover Rd
 City Mullica Hill State NJ Zip Code 08062-2408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼ 1000.00
 Date of Receipt 12 / 30 / 2008
Transaction ID: C17898564
 Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
 *

SUBTOTAL of Receipts This Page (optional)	0.00
TOTAL This Period (last page this line number only)	12250.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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>A.</p> <p>Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</p> <p>Purpose of Disbursement Service Fee Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D356606</p> <p>Date of Disbursement 12 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 4.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</p> <p>Purpose of Disbursement Service Fee Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D356607</p> <p>Date of Disbursement 12 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 28.54</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Auburn Quad, Inc.</p> <p>Mailing Address PO Box 390728</p> <p>City Cambridge State MA Zip Code 02139-0008</p> <p>Purpose of Disbursement Service Fee Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D356719</p> <p>Date of Disbursement 12 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 0.79</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) ▶

34.28

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mr. Lucas Ballet

Mailing Address 1106 J Long Beach Blvd

City Long Beach Townshi State NJ Zip Code 08008

Purpose of Disbursement
Stipend

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D353436
Date of Disbursement

1 2 / 0 5 / 2 0 0 8

Amount of Each Disbursement this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)
Campaign Group

Mailing Address 1600 Locust St

City Philadelphia State PA Zip Code 19103-6305

Purpose of Disbursement
Media Reimbursement

Candidate Name

004
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D356703
Date of Disbursement

1 2 / 2 3 / 2 0 0 8

Amount of Each Disbursement this Period

-221.00

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

C.

Full Name (Last, First, Middle Initial)
Ms. Mary Campbell

Mailing Address 2055 Lawrenceville Rd

City Lawrenceville State NJ Zip Code 08648-2908

Purpose of Disbursement
Performance Bonus

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D353435
Date of Disbursement

1 2 / 0 5 / 2 0 0 8

Amount of Each Disbursement this Period

5000.00

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

SUBTOTAL of Disbursements This Page (optional)

5779.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Copiers Plus, Inc.	Transaction ID: D356592 Date of Disbursement 12 / 30 / 2008
	Mailing Address 3112 Fire Rd Ste C	Amount of Each Disbursement this Period 929.97
	City Egg Harbor Townshi State NJ Zip Code 08234-5887	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Copier Rental Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

B.	Full Name (Last, First, Middle Initial) Express EMPS	Transaction ID: D356608 Date of Disbursement 12 / 03 / 2008
	Mailing Address PO Box 6600	Amount of Each Disbursement this Period 35.50
	City Hagerstown State MD Zip Code 21741-6600	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Service Fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		003 Category/Type

C.	Full Name (Last, First, Middle Initial) Express EMPS	Transaction ID: D356609 Date of Disbursement 12 / 03 / 2008
	Mailing Address PO Box 6600	Amount of Each Disbursement this Period 180.85
	City Hagerstown State MD Zip Code 21741-6600	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Service Fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		003 Category/Type

SUBTOTAL of Disbursements This Page (optional)	1146.32
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Express EMPS

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21741-6600

Purpose of Disbursement
Service Fee
Candidate Name

003
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: D356610
Date of Disbursement

12 / 03 / 2008

Amount of Each Disbursement this Period

370.39

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

B.

Full Name (Last, First, Middle Initial)
Mr. Nick Lentine

Mailing Address 30 Overhill Rd

City Stratford State NJ Zip Code 08084-1840

Purpose of Disbursement
Travel Expense Reimbursement
Candidate Name

002
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: D356594
Date of Disbursement

12 / 31 / 2008

Amount of Each Disbursement this Period

10.00

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

C.

Full Name (Last, First, Middle Initial)
Paychex

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2311

Purpose of Disbursement
Payroll Invoice
Candidate Name

001
Category/
Type

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

Transaction ID: D356602
Date of Disbursement

12 / 10 / 2008

Amount of Each Disbursement this Period

104.01

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

SUBTOTAL of Disbursements This Page (optional) ▶

484.40

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Paychex Mailing Address 911 Panorama Trl S City Rochester State NY Zip Code 14625-2311 Purpose of Disbursement Workers Compensation Insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D350513 Date of Disbursement 12 / 02 / 2008	Amount of Each Disbursement this Period 164.02 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Political Development Group Mailing Address 499 S Capitol St SW Ste 412 City Washington State DC Zip Code 20003-4009 Purpose of Disbursement Consultant - Fundraising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D353434 Date of Disbursement 12 / 05 / 2008	Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Ms. Hailey Ray Mailing Address 7 Karen Dr City Sterling State MA Zip Code 01564-2608 Purpose of Disbursement Performance Bonus Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D353433 Date of Disbursement 12 / 05 / 2008	Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

7164.02

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 15 / 40

<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

A.	Full Name (Last, First, Middle Initial) TD Bank, N.A. <hr/> Mailing Address 1701 Marlton Pike E <hr/> City State Zip Code Cherry Hill NJ 08003-2390 <hr/> Purpose of Disbursement Stop Payment Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D356605 Date of Disbursement 12 / 22 / 2008 <hr/> Amount of Each Disbursement this Period 25.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Verizon Wireless <hr/> Mailing Address PO Box 17120 <hr/> City State Zip Code Tucson AZ 85731-7120 <hr/> Purpose of Disbursement Cell Phone Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D356587 Date of Disbursement 12 / 12 / 2008 <hr/> Amount of Each Disbursement this Period 156.37 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Verizon <hr/> Mailing Address PO Box 4833 <hr/> City State Zip Code Trenton NJ 08650-4833 <hr/> Purpose of Disbursement Phone Bill Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D353461 Date of Disbursement 12 / 05 / 2008 <hr/> Amount of Each Disbursement this Period 75.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

256.49

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Verizon Mailing Address PO Box 4833 City State Zip Code Trenton NJ 08650-4833 Purpose of Disbursement Phone Bill Adjustment Candidate Name 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) ▼ State: District:	Transaction ID: D353597 Date of Disbursement 12 / 12 / 2008 Amount of Each Disbursement this Period -705.55 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Verizon Mailing Address PO Box 4833 City State Zip Code Trenton NJ 08650-4833 Purpose of Disbursement Phone Bill Adjustment Candidate Name 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) ▼ State: District:	Transaction ID: D356699 Date of Disbursement 12 / 26 / 2008 Amount of Each Disbursement this Period -264.53 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Verizon Mailing Address PO Box 4833 City State Zip Code Trenton NJ 08650-4833 Purpose of Disbursement Phone Bill Adjustment Candidate Name 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) ▼ State: District:	Transaction ID: D356702 Date of Disbursement 12 / 24 / 2008 Amount of Each Disbursement this Period -4.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

-974.50

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) TD Bank, N.A.	Transaction ID: D344682 Date of Disbursement 11 / 28 / 2008
	Mailing Address 1701 Marlton Pike E	Amount of Each Disbursement this Period 8873.24
	City Cherry Hill State NJ Zip Code 08003-2390	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit Card Payment Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

B.	Full Name (Last, First, Middle Initial) Caffe Aldo Lamberti	Transaction ID: D347930 Date of Disbursement 11 / 28 / 2008
	Mailing Address 2011 Route 70 West	Amount of Each Disbursement this Period 93.65
	City Cherry Hill State NJ Zip Code 08002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Food for Meeting Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

C.	Full Name (Last, First, Middle Initial) Deer Park, Nestle Waters North America	Transaction ID: D347936 Date of Disbursement 11 / 28 / 2008
	Mailing Address 777 W Putnam Ave	Amount of Each Disbursement this Period 144.44
	City Greenwich State CT Zip Code 06830-5091	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Water for Office Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

SUBTOTAL of Disbursements This Page (optional)	▶	8873.24
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Dunkin' Donuts	Transaction ID: D344708 Date of Disbursement 11 / 28 / 2008
	Mailing Address 2060 Springdale Rd	Amount of Each Disbursement this Period 15.76
	City Cherry Hill State NJ Zip Code 08003-4028	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Food for Volunteers Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Johnny's Half Shell	Transaction ID: D347940 Date of Disbursement 11 / 28 / 2008
	Mailing Address 400 N Capitol St NW	Amount of Each Disbursement this Period 200.00
	City Washington State DC Zip Code 20001-1511	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Catering for Event Candidate Name	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Johnny's Half Shell	Transaction ID: D347941 Date of Disbursement 11 / 28 / 2008
	Mailing Address 400 N Capitol St NW	Amount of Each Disbursement this Period 892.00
	City Washington State DC Zip Code 20001-1511	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Catering for Event Candidate Name	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Lukoil	Transaction ID: D344700 Date of Disbursement 11 / 28 / 2008
	Mailing Address 921 Route 73	Amount of Each Disbursement this Period 3.78
	City Mount Laurel State NJ Zip Code 08054-1123	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Food for Volunteers Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

B.	Full Name (Last, First, Middle Initial) Ponzo's Restaurant	Transaction ID: D347928 Date of Disbursement 11 / 28 / 2008
	Mailing Address 7 Marlton Pike W	Amount of Each Disbursement this Period 40.80
	City Cherry Hill State NJ Zip Code 08002-3098	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Food for Meeting Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

C.	Full Name (Last, First, Middle Initial) Rosa Mexicano	Transaction ID: D347943 Date of Disbursement 11 / 28 / 2008
	Mailing Address 575 7th St NW	Amount of Each Disbursement this Period 750.00
	City Washington State DC Zip Code 20004-1607	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Catering for Event Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		003 Category/Type

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 20 / 40

<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

A.	Full Name (Last, First, Middle Initial) Rosa Mexicano	Transaction ID: D347945 Date of Disbursement 11 / 28 / 2008
	Mailing Address 575 7th St NW	Amount of Each Disbursement this Period 999.00
	City Washington State DC Zip Code 20004-1607	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Catering for Event Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 003

B.	Full Name (Last, First, Middle Initial) Rosa Mexicano	Transaction ID: D347946 Date of Disbursement 11 / 28 / 2008
	Mailing Address 575 7th St NW	Amount of Each Disbursement this Period 2376.01
	City Washington State DC Zip Code 20004-1607	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Catering for Event Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 003

C.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: D344692 Date of Disbursement 11 / 28 / 2008
	Mailing Address 701 W Route 70	Amount of Each Disbursement this Period 151.38
	City Marlton State NJ Zip Code 08053-1643	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Office Supplies Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 001

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Starbucks Mailing Address 2026 Marlton Pike W City State Zip Code Cherry Hill NJ 08002-2735 Purpose of Disbursement Food for Volunteers Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D347925 Date of Disbursement 11 / 28 / 2008 Amount of Each Disbursement this Period 48.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Starbucks Mailing Address 216 Kings Hwy E City State Zip Code Haddonfield NJ 08033-1905 Purpose of Disbursement Food for Volunteers Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D347926 Date of Disbursement 11 / 28 / 2008 Amount of Each Disbursement this Period 96.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Stefano's Ristorante Italiano Mailing Address 3815 Church Rd City State Zip Code Mount Laurel NJ 08054-1132 Purpose of Disbursement Food for Volunteers Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D347927 Date of Disbursement 11 / 28 / 2008 Amount of Each Disbursement this Period 248.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Stefano's Ristorante Italiano Mailing Address 3815 Church Rd City Mount Laurel State NJ Zip Code 08054-1132 Purpose of Disbursement Food for Volunteers Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D344693 Date of Disbursement 11 / 28 / 2008 Amount of Each Disbursement this Period 158.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Stefano's Ristorante Italiano Mailing Address 3815 Church Rd City Mount Laurel State NJ Zip Code 08054-1132 Purpose of Disbursement Food for Volunteers Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D344696 Date of Disbursement 11 / 28 / 2008 Amount of Each Disbursement this Period 25.39 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Stefano's Ristorante Italiano Mailing Address 3815 Church Rd City Mount Laurel State NJ Zip Code 08054-1132 Purpose of Disbursement Food for Volunteers Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D344697 Date of Disbursement 11 / 28 / 2008 Amount of Each Disbursement this Period 112.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Stefano's Ristorante Italiano Mailing Address 3815 Church Rd City Mount Laurel State NJ Zip Code 08054-1132 Purpose of Disbursement Food for Volunteers Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D344688 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>2</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>125.60</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	2	8	/	2	0	0	8	125.60
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	2	8	/	2	0	0	8														
125.60																							
B.	Full Name (Last, First, Middle Initial) UPS Mailing Address 55 Glenlake Pkwy NE City Atlanta State GA Zip Code 30328-3474 Purpose of Disbursement Package Shipment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D344707 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>2</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>132.37</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	2	8	/	2	0	0	8	132.37
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	2	8	/	2	0	0	8														
132.37																							
C.	Full Name (Last, First, Middle Initial) UPS Mailing Address 55 Glenlake Pkwy NE City Atlanta State GA Zip Code 30328-3474 Purpose of Disbursement Package Shipment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D347929 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>2</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>70.98</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	2	8	/	2	0	0	8	70.98
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	2	8	/	2	0	0	8														
70.98																							

SUBTOTAL of Disbursements This Page (optional) ▶	<table border="1"> <tr> <td>0.00</td> </tr> </table>	0.00
0.00		
TOTAL This Period (last page this line number only) ▶	<table border="1"> <tr> <td> </td> </tr> </table>	

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

A.	Full Name (Last, First, Middle Initial) Vonage	Transaction ID: D347931
	Mailing Address 23 Main St	Date of Disbursement MM / DD / YYYY 11 / 28 / 2008
	City Holmdel State NJ Zip Code 07733-2136	Amount of Each Disbursement this Period 115.71
	Purpose of Disbursement Phone Bill	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Vonage	Transaction ID: D347932
	Mailing Address 23 Main St	Date of Disbursement MM / DD / YYYY 11 / 28 / 2008
	City Holmdel State NJ Zip Code 07733-2136	Amount of Each Disbursement this Period 117.83
	Purpose of Disbursement Phone Bill	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Vonage	Transaction ID: D347933
	Mailing Address 23 Main St	Date of Disbursement MM / DD / YYYY 11 / 28 / 2008
	City Holmdel State NJ Zip Code 07733-2136	Amount of Each Disbursement this Period 160.48
	Purpose of Disbursement Phone Bill	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Vonage	Transaction ID: D347934
	Mailing Address 23 Main St	Date of Disbursement 11 / 28 / 2008
	City Holmdel State NJ Zip Code 07733-2136	Amount of Each Disbursement this Period 1.06
	Purpose of Disbursement Phone Bill	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Vonage	Transaction ID: D357596
	Mailing Address 23 Main St	Date of Disbursement 11 / 28 / 2008
	City Holmdel State NJ Zip Code 07733-2136	Amount of Each Disbursement this Period 1.06
	Purpose of Disbursement Phone Bill	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Vonage	Transaction ID: D357597
	Mailing Address 23 Main St	Date of Disbursement 11 / 28 / 2008
	City Holmdel State NJ Zip Code 07733-2136	Amount of Each Disbursement this Period 160.48
	Purpose of Disbursement Phone Bill	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Vonage	Transaction ID: D357598
	Mailing Address 23 Main St	Date of Disbursement 11 / 28 / 2008
	City Holmdel State NJ Zip Code 07733-2136	Amount of Each Disbursement this Period 160.48
	Purpose of Disbursement Phone Bill	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Vonage	Transaction ID: D357599
	Mailing Address 23 Main St	Date of Disbursement 11 / 28 / 2008
	City Holmdel State NJ Zip Code 07733-2136	Amount of Each Disbursement this Period 160.48
	Purpose of Disbursement Phone Bill	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Vonage	Transaction ID: D357600
	Mailing Address 23 Main St	Date of Disbursement 11 / 28 / 2008
	City Holmdel State NJ Zip Code 07733-2136	Amount of Each Disbursement this Period 160.48
	Purpose of Disbursement Phone Bill	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Vonage	Transaction ID: D357601 Date of Disbursement 11 / 28 / 2008
	Mailing Address 23 Main St	Amount of Each Disbursement this Period 160.48
	City Holmdel State NJ Zip Code 07733-2136	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Phone Bill Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/ Type

B.	Full Name (Last, First, Middle Initial) Vonage	Transaction ID: D357602 Date of Disbursement 11 / 28 / 2008
	Mailing Address 23 Main St	Amount of Each Disbursement this Period 160.48
	City Holmdel State NJ Zip Code 07733-2136	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Phone Bill Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/ Type

C.	Full Name (Last, First, Middle Initial) Vonage	Transaction ID: D357603 Date of Disbursement 11 / 28 / 2008
	Mailing Address 23 Main St	Amount of Each Disbursement this Period 160.48
	City Holmdel State NJ Zip Code 07733-2136	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Phone Bill Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/ Type

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Vonage	Transaction ID: D357604 Date of Disbursement 11 / 28 / 2008
	Mailing Address 23 Main St	Amount of Each Disbursement this Period 160.48
	City Holmdel State NJ Zip Code 07733-2136	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Phone Bill Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

B.	Full Name (Last, First, Middle Initial) Vonage	Transaction ID: D357605 Date of Disbursement 11 / 28 / 2008
	Mailing Address 23 Main St	Amount of Each Disbursement this Period 160.48
	City Holmdel State NJ Zip Code 07733-2136	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Phone Bill Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

C.	Full Name (Last, First, Middle Initial) Vonage	Transaction ID: D357606 Date of Disbursement 11 / 28 / 2008
	Mailing Address 23 Main St	Amount of Each Disbursement this Period 115.71
	City Holmdel State NJ Zip Code 07733-2136	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Phone Bill Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Vonage	Transaction ID: D357607
	Mailing Address 23 Main St	Date of Disbursement 11 / 28 / 2008
	City Holmdel State NJ Zip Code 07733-2136	Amount of Each Disbursement this Period 115.71
	Purpose of Disbursement Phone Bill	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Vonage	Transaction ID: D357608
	Mailing Address 23 Main St	Date of Disbursement 11 / 28 / 2008
	City Holmdel State NJ Zip Code 07733-2136	Amount of Each Disbursement this Period 115.71
	Purpose of Disbursement Phone Bill	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) TD Bank, N.A.	Transaction ID: D344683
	Mailing Address 1701 Marlton Pike E	Date of Disbursement 11 / 28 / 2008
	City Cherry Hill State NJ Zip Code 08003-2390	Amount of Each Disbursement this Period 4261.04
	Purpose of Disbursement Credit Card Payment	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4261.04

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Cherry Hill Gulf #2

Mailing Address 1390 Marlton Pike E

City State Zip Code
Cherry Hill NJ 08034-2117

Purpose of Disbursement
Gas

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D347950
Date of Disbursement

11 / 28 / 2008

Amount of Each Disbursement this Period

30.76

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Cherry Hill Gulf #2

Mailing Address 1390 Marlton Pike E

City State Zip Code
Cherry Hill NJ 08034-2117

Purpose of Disbursement
Gas

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D347951
Date of Disbursement

11 / 28 / 2008

Amount of Each Disbursement this Period

26.18

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Cherry Hill Gulf #2

Mailing Address 1390 Marlton Pike E

City State Zip Code
Cherry Hill NJ 08034-2117

Purpose of Disbursement
Gas

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D347952
Date of Disbursement

11 / 28 / 2008

Amount of Each Disbursement this Period

33.19

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Chillybear of Greenwich

Mailing Address 401 Greenwich Ave

City State Zip Code
Greenwich CT 06830-2513

Purpose of Disbursement
Campaign Materials

Candidate Name

006
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D347957
Date of Disbursement

11 / 28 / 2008

Amount of Each Disbursement this Period

500.00

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Chillybear of Greenwich

Mailing Address 401 Greenwich Ave

City State Zip Code
Greenwich CT 06830-2513

Purpose of Disbursement
Campaign Materials

Candidate Name

006
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D347958
Date of Disbursement

11 / 28 / 2008

Amount of Each Disbursement this Period

912.00

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Dollar Tree Stores, Inc.

Mailing Address 1660 Kings Hwy N

City State Zip Code
Cherry Hill NJ 08034-2302

Purpose of Disbursement
Food for Volunteers

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D343146
Date of Disbursement

11 / 28 / 2008

Amount of Each Disbursement this Period

49.22

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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>A. Full Name (Last, First, Middle Initial) Dunkin' Donuts</p> <p>Mailing Address 2060 Springdale Rd</p> <p>City Cherry Hill State NJ Zip Code 08003-4028</p> <p>Purpose of Disbursement Food for Volunteers</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D344726</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="97.93"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) ExxonMobil</p> <p>Mailing Address 1823 Marlton Pike E</p> <p>City Cherry Hill State NJ Zip Code 08003</p> <p>Purpose of Disbursement Gas</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D344734</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="41.47"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) FedEx Kinko's</p> <p>Mailing Address 1211 Route 73</p> <p>City Mount Laurel State NJ Zip Code 08054-2236</p> <p>Purpose of Disbursement Package</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D344724</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1758.01"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Lukoil Mailing Address 132 Route 70 City Medford State NJ Zip Code 08055-2372 Purpose of Disbursement Gas Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D344733 Date of Disbursement 11 / 28 / 2008 Amount of Each Disbursement this Period 40.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Ponzo's Restaurant Mailing Address 7 Marlton Pike W City Cherry Hill State NJ Zip Code 08002-3098 Purpose of Disbursement Food for Meeting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D344725 Date of Disbursement 11 / 28 / 2008 Amount of Each Disbursement this Period 29.51 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Ponzo's Restaurant Mailing Address 7 Marlton Pike W City Cherry Hill State NJ Zip Code 08002-3098 Purpose of Disbursement Food for Meeting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D347954 Date of Disbursement 11 / 28 / 2008 Amount of Each Disbursement this Period 17.62 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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>A.</p> <p>Full Name (Last, First, Middle Initial) ShopRite of Marlton</p> <p>Mailing Address 307 W Route 70</p> <p>City Marlton State NJ Zip Code 08053-1692</p> <p>Purpose of Disbursement Food for Volunteers</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D344719</p> <p>Date of Disbursement 11 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 107.40</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 701 W Route 70</p> <p>City Marlton State NJ Zip Code 08053-1643</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D344730</p> <p>Date of Disbursement 11 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 172.53</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Tarantella Restaurant</p> <p>Mailing Address 128 Route 70</p> <p>City Medford State NJ Zip Code 08055-2371</p> <p>Purpose of Disbursement Food for Volunteers</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D344712</p> <p>Date of Disbursement 11 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 50.76</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) The Home Depot Mailing Address 1200 Nixon Dr City Mount Laurel State NJ Zip Code 08054-1173 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D344728 Date of Disbursement 11 / 28 / 2008 Amount of Each Disbursement this Period 8.53 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) The Java Joint Mailing Address 73 Main St City Toms River State NJ Zip Code 08753-7435 Purpose of Disbursement Food for Volunteers Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D347955 Date of Disbursement 11 / 28 / 2008 Amount of Each Disbursement this Period 20.53 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) US Gas Mailing Address 1501 Kings Hwy N City Cherry Hill State NJ Zip Code 08034 Purpose of Disbursement Gas Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D344731 Date of Disbursement 11 / 28 / 2008 Amount of Each Disbursement this Period 38.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Virgin Mobile USA, Inc.

Mailing Address 10 Independence Blvd

City Warren State NJ Zip Code 07059-2730

Purpose of Disbursement
Phone Bill

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D344735
Date of Disbursement

11 / 28 / 2008

Amount of Each Disbursement this Period

88.21

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Virgin Mobile USA, Inc.

Mailing Address 10 Independence Blvd

City Warren State NJ Zip Code 07059-2730

Purpose of Disbursement
Phone Bill

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D350462
Date of Disbursement

11 / 28 / 2008

Amount of Each Disbursement this Period

88.21

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Virgin Mobile USA, Inc.

Mailing Address 10 Independence Blvd

City Warren State NJ Zip Code 07059-2730

Purpose of Disbursement
Phone Bill

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D350463
Date of Disbursement

11 / 28 / 2008

Amount of Each Disbursement this Period

88.23

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 37 / 40

<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

A.

Full Name (Last, First, Middle Initial)
Voorhees Gas

Mailing Address 18 Haddonfield Berlin Rd

City Voorhees State NJ Zip Code 08043-1424

Purpose of Disbursement
Gas

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D347953

Date of Disbursement

11 / 28 / 2008

Amount of Each Disbursement this Period

17.00

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Yesterday's Restaurant

Mailing Address 938 Atlantic City Blvd

City Bayville State NJ Zip Code 08721-3553

Purpose of Disbursement
Food for Meeting

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D347956

Date of Disbursement

11 / 28 / 2008

Amount of Each Disbursement this Period

44.97

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

27024.29

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Mrs. Sharon Goldberger	Transaction ID: D356588 Date of Disbursement 12 / 20 / 2008
	Mailing Address 35 Cameo Dr	Amount of Each Disbursement this Period -2300.00
	City Cherry Hill State NJ Zip Code 08003-5127	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Voided Check Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	010 Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Mrs. Sharon Goldberger	Transaction ID: D356590 Date of Disbursement 12 / 20 / 2008
	Mailing Address 35 Cameo Dr	Amount of Each Disbursement this Period 2300.00
	City Cherry Hill State NJ Zip Code 08003-5127	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Excess Contribution Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	010 Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	0.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Adler for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mr. Lucas Ballet			Nature of Debt (Purpose): Stipend
Mailing Address 1106 J Long Beach Blvd			
City Long Beach Townshi	State NJ	ZIP Code 08008	

Outstanding Balance Beginning This Period <input type="text" value="1000.00"/>		Transaction ID: D350531	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1000.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ms. Mary Campbell			Nature of Debt (Purpose): Performance Bonus
Mailing Address 2055 Lawrenceville Rd			
City Lawrenceville	State NJ	ZIP Code 08648-2908	

Outstanding Balance Beginning This Period <input type="text" value="5000.00"/>		Transaction ID: D350518	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="5000.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mr. Timothy P. Lydon			Nature of Debt (Purpose): Consultant - Issue
Mailing Address 51 Corona Rd			
City East Brunswick	State NJ	ZIP Code 08816-1360	

Outstanding Balance Beginning This Period <input type="text" value="5000.00"/>		Transaction ID: D350519	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="5000.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="5000.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Adler for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Political Development Group			Nature of Debt (Purpose): Consultant - Fundraising
Mailing Address 499 S Capitol St SW Ste 412			
City Washington	State DC	ZIP Code 20003-4009	

Outstanding Balance Beginning This Period 5000.00		Transaction ID: D348534	
Amount Incurred This Period 0.00	Payment This Period 5000.00	Outstanding Balance at Close of This Period 0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ms. Hailey Ray			Nature of Debt (Purpose): Performance Bonus
Mailing Address 7 Karen Dr			
City Sterling	State MA	ZIP Code 01564-2608	

Outstanding Balance Beginning This Period 2000.00		Transaction ID: D352728	
Amount Incurred This Period 0.00	Payment This Period 2000.00	Outstanding Balance at Close of This Period 0.00	

1) SUBTOTALS This Period This Page (optional).....	0.00
2) TOTALS This Period (last page this line number only).....	5000.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	5000.00