

JOSEPH R. TORRE
Counsellor At Law
535 East Crescent Avenue
Ramsey, New Jersey 07446-1208

RECEIVED
FEC MAIL
OPERATIONS CENTER

2005 APR 19 A 8:59

(201) 825-6060
Facsimile (201) 825-0488

April 14, 2005

Federal Election Commission
999 E. Street N.W.
Washington DC 20463

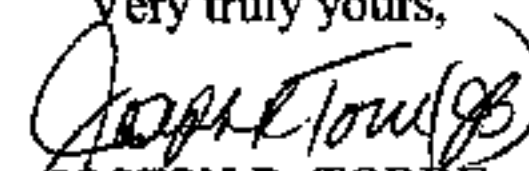
Re: Report -FEC Form 3X

Gentlemen:

Enclose please find the original plus one (1) copy for the above-mentioned report for filing.

Thank you,

Very truly yours,


JOSEPH R. TORRE

JRT: jlb
Enclosure

25038782877

FEC
FORM 3X

REPORT OF RECEIPTS
AND DISBURSEMENTS
For Other Than An Authorized Committee

RECEIVED
FEC MAIL
OPERATIONS CENTER

2005 APR 19 A 8:59

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

KEEP NEW JERSEY MOVING, INC.

ADDRESS (number and street)

535 EAST CRESCENT AVE

☐ Check if different than previously reported. (ACC)

RAMSEY

NY

07446

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C 00386854

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☒ April 15 Quarterly Report (Q1)
☐ July 15 Quarterly Report (Q2)
☐ October 15 Quarterly Report (Q3)
☐ January 31 Year-End Report (YE)
☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
☐ Termination Report (TER)

(b) Monthly Report Due On:

- ☐ Feb 20 (M2)
☐ Mar 20 (M3)
☐ Apr 20 (M4)

- ☐ May 20 (M5)
☐ Jun 20 (M6)
☐ Jul 20 (M7)

- ☐ Aug 20 (M8)
☐ Sep 20 (M9)
☐ Oct 20 (M10)

- ☐ Nov 20 (M11) (Non-Election Year Only)
☐ Dec 20 (M12) (Non-Election Year Only)
☐ Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- ☐ Primary (12P)
☐ Convention (12C)

- ☐ General (12G)
☐ Special (12S)

☐ Runoff (12R)

Election on

04/15/2003

In the State of

NY

(d) 30-Day POST-Election Report for the:

- ☐ General (30G)

- ☐ Runoff (30R)

- ☐ Special (30S)

Election on

04/15/2003

In the State of

NY

5. Covering Period

01/01/2003

through

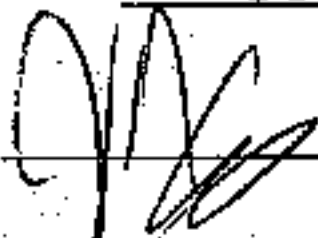
03/31/2003

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

Type or Print Name of Treasurer

Joseph R. Torre

Signature of Treasurer



Date

04/12/2003

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 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Keep New Jersey Moving Inc

Report Covering the Period:

From:

01 01 2005

To:

03 31 2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2005		16,880.00
(b) Cash on Hand at Beginning of Reporting Period	16,880.00	
(c) Total Receipts (from Line 19)	23,500.00	23,500.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	40,380.00	40,380.00
7. Total Disbursements (from Line 31)	32,500.00	32,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	7,880.00	7,880.00
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)	0.00	



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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Keep New Jersey Moving Inc.

Report Covering the Period:

From:

01 01 2005

To:

03 31 2005

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

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

(ii) Unitemized.....

(iii) TOTAL (add
Lines 11(a)(i) and (ii)).....▶

(b) Political Party Committees.....

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

(d) Total Contributions (add Lines
11(a)(iii), (b), and (c)) (Carry
Totals to Line 33, page 5).....▶

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account
(from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

23,500.00

0.00

23,500.00

0.00

0.00

23,500.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

23,500.00

23,500.00

23,500.00

23,500.00

0.00

23,500.00

0.00

0.00

23,500.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

23,500.00

23,500.00

23,500.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	32,500.00	32,500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(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 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	32,500.00	32,500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	32,500.00	32,500.00

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DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex- **penditures**

COLUMN A **Total This Period**

COLUMN B **Calendar Year-to-Date**

- 33. Total Contributions (other than loans)
(from Line 11(d), page 3)
- 34. Total Contribution Refunds
(from Line 28(d))
- 35. Net Contributions (other than loans)
(subtract Line 34 from Line 33)
- 36. Total Federal Operating Expenditures
(add Line 21(a)(i) and Line 21(b))
- 37. Offsets to Operating Expenditures
(from Line 15, page 3)
- 38. Net Operating Expenditures
(subtract Line 37 from Line 36)

23,500.00
000
23,500.00
000
0.00
0.00
000

23,500.00
000
23,500.00
000
0.00
0.00
0.00

25038782882

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 3

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Keep New Jersey Moving, Inc

Full Name (Last, First, Middle Initial)

A. GARIBAY, MARIE L

Mailing Address

34 Kingswood Road

City

Weehawken

State

NJ

Zip Code

07025

FEC ID number of contributing
federal political committee.

C00386854

Name of Employer

Retired

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1,000.00

Date of Receipt

02/15/2003

Amount of Each Receipt this Period

1,000.00

Full Name (Last, First, Middle Initial)

B. NAPOLITANO, James R

Mailing Address

900 B. Lake St.

City

Ramsey

State

NJ

Zip Code

07446

FEC ID number of contributing
federal political committee.

C00386854

Name of Employer

Commerce Bank

Occupation

Banker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2,000.00

Date of Receipt

02/15/2003

Amount of Each Receipt this Period

2,000.00

Full Name (Last, First, Middle Initial)

C. ORR, DAVID

Mailing Address

288 Blvd

City

Wash Hts

State

NJ

Zip Code

07604

FEC ID number of contributing
federal political committee.

C00386854

Name of Employer

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02/16/2003

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

3,500.00

TOTAL This Period (last page this line number only)

3,500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

PAGE **2** OF **13**

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (in Full)

Keep New Jersey Moving, Inc

Full Name (Last, First, Middle Initial)

A. **Montgomeris William J.**

Mailing Address

286 Gregory Road

City **Franklin Lakes** State **NJ** Zip Code **07417**

FEC ID number of contributing federal political committee.

C 00386854

Name of Employer

Retired

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02/16/2003

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. **Collins Kevin**

Mailing Address

34 Oak Road

City **Saddle River** State **NJ** Zip Code **07458**

FEC ID number of contributing federal political committee.

C 00386854

Name of Employer

Retired

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02/22/2003

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. **Agstrom Harold**

Mailing Address

64 DAKOTA COURT

City **SUFFERN** State **NY** Zip Code **10901**

FEC ID number of contributing federal political committee.

C 00386854

Name of Employer

Hume

Occupation

Exec-V.P.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02/23/2003

Amount of Each Receipt this Period

500.00

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

1500.00

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

5000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

PAGE **3** OF **13**

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Keep New Jersey Moving, Inc

A.

Full Name (Last, First, Middle Initial)

Porter Field, Dennis

Mailing Address

321 RACE TRACK ROAD

City

HO HOKUS, NJ

State

Zip Code

07023

FEC ID number of contributing
federal political committee.

C00386854

Name of Employer

Retired

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02/23/2003

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

FERRAIOLA Lex

Mailing Address

ONE SUSSEX ROAD

City

TEAPLY

State

Zip Code

NJ 07670

FEC ID number of contributing
federal political committee.

C00386854

Name of Employer

Hume

Occupation

VP/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02/24/2003

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

KOVATIS Paul EVAN

Mailing Address

APT 16A - 300 PROSPECT AVE

City

HACKENSACK

State

Zip Code

NJ 07601

FEC ID number of contributing
federal political committee.

C00386854

Name of Employer

Surgeon/orthopedic

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

03/02/2003

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

8000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

PAGE 4 OF 13

☐ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Keep NEW Jersey Moving, Inc

A.

Full Name (Last, First, Middle Initial)

GARRETT, Robert

Mailing Address

21 Eagle NEST Road

City

Morris Township

State

NJ

Zip Code

07960

FEC ID number of contributing
federal political committee.

C 00386854

Name of Employer

HUMC

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

03' 03' 2005

Amount of Each Receipt this Period

750.00

B.

Full Name (Last, First, Middle Initial)

BOSCAM, Jeffrey

Mailing Address

30 Prospect AVE

City

Hackensack

State

NJ

Zip Code

07601

FEC ID number of contributing
federal political committee.

C 00386854

Name of Employer

HUMC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03' 03' 2005

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Ferguson, John

Mailing Address

281 Hampshire Ridge

City

Park Ridge

State

NJ

Zip Code

07656

FEC ID number of contributing
federal political committee.

C 00386854

Name of Employer

HUMC

Occupation

Hosp Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

03' 03' 2005

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

3750.00

TOTAL This Period (last page this line number only)

17250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

PAGE **5** OF **13**

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Keep New Jersey Moving, Inc

Full Name (Last, First, Middle Initial)

A. **BLACK, William C.**

Mailing Address

249 Euclid Ave

City

Hackensack

State

NJ

Zip Code

07601

FEC ID number of contributing
federal political committee.

C 00386854

Name of Employer

Hume

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03/04/2005

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. **LOW, Ronald B.**

Mailing Address

35 Huyler Landing Road

City

Cresskill

State

NJ

Zip Code

07626

FEC ID number of contributing
federal political committee.

C 00386854

Name of Employer

Hume

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03/04/2005

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. **CIMA, LAURA**

Mailing Address

85 Avenue D

City

Lodi

State

NJ

Zip Code

07644

FEC ID number of contributing
federal political committee.

C 00386854

Name of Employer

Hume

Occupation

Hosp. Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03/04/2005

Amount of Each Receipt this Period

500.00

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

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

1500.00

13250.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

PAGE 6 OF 13

(check only one)

11a
13

11b
14

11c
15

12
16

17

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NAME OF COMMITTEE (In Full)

Keep New Jersey Moving, Inc

Full Name (Last, First, Middle Initial)

A. RICCO BONO, CHARLES

Date of Receipt

03/08/2005

Mailing Address

20 Prospect Ave, Suite 915

City

Hackensack

State

NJ

Zip Code

07601

FEC ID number of contributing
federal political committee.

C00386854

Amount of Each Receipt this Period

500.00

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Full Name (Last, First, Middle Initial)

B. CATINO, ANNETTE

Date of Receipt

03/08/2005

Mailing Address

4 Princess Ct

City

Perrineville

State

NJ

Zip Code

08535

FEC ID number of contributing
federal political committee.

C00386854

Amount of Each Receipt this Period

500.00

Name of Employer

QUAL CARE INC

Occupation

EXEC. MANAGED HEALTHCARE

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Full Name (Last, First, Middle Initial)

C. STEINBERG, MORTIMER S.

Date of Receipt

03/08/2005

Mailing Address

1600 PARKER AVE, APT 11F

City

FORT LEE

State

NJ

Zip Code

07024

FEC ID number of contributing
federal political committee.

C00386854

Amount of Each Receipt this Period

500.00

Name of Employer

UBS FINANCIAL

Occupation

INVESTMENT ADVISOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

PAGE **7** OF **13**

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Keep New Jersey Moving, Inc.

Full Name (Last, First, Middle Initial)

APOVIAN, John

Mailing Address

200 ELSMER PI

City

FORT LEE

State

NJ

Zip Code

07024

FEC ID number of contributing
federal political committee.

C00386854

Name of Employer

HUMC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 '08 '2008

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

SAWCZYK, T. HOR

Mailing Address

8 ROSE HAVEN LN

City

ROCKLEIGH

State

NJ

Zip Code

07647

FEC ID number of contributing
federal political committee.

C00386854

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 '09 '2008

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Alvarez, Manuel

Mailing Address

30 PROSPECT AVE

City

HACKENSACK

State

NJ

Zip Code

07601

FEC ID number of contributing
federal political committee.

C00386854

Name of Employer

HUMC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 '09 '2008

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

16750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

PAGE **8** OF **13**

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Keep New Jersey Moving, Inc

Full Name (Last, First, Middle Initial)

A. **Winters Richard M**

Mailing Address

5 Old County Court

City

Demarest

State

NJ

Zip Code

07627

FEC ID number of contributing
federal political committee.

C00386854

Name of Employer

Self

Occupation

Surgeon/Physician

Receipt For:

☐ Primary
☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03/09/2005

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. **Koller Robert**

Mailing Address

60 Second St

City

Hackensack

State

NJ

Zip Code

07601

FEC ID number of contributing
federal political committee.

C00386854

Name of Employer

HUMC

Occupation

Hosp Administrator

Receipt For:

☐ Primary
☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03/10/2005

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. **Fried, ARNO**

Mailing Address

30 Prospect Ave

City

Hackensack

State

NJ

Zip Code

07601

FEC ID number of contributing
federal political committee.

C00386854

Name of Employer

HUMC

Occupation

Physician

Receipt For:

☐ Primary
☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03/10/2005

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

8750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

PAGE **9** OF **8**

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Keep New Jersey Moving, Inc

Full Name (Last, First, Middle Initial)

A. **MURPHY, Audrey**

Mailing Address

122 Honeyuckle Drive

City

Washington Township NJ 07676

FEC ID number of contributing federal political committee.

C00386854

Name of Employer

HUMC

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03/10/2005

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. **SANTORA, DOREEN**

Mailing Address

718 Somerset ST

City

Franklin Lakes NJ 07417

FEC ID number of contributing federal political committee.

C00386854

Name of Employer

HUMC

Occupation

V/P

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03/10/2005

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. **AHEARN, Patricia**

Mailing Address

524 Queen Anne Road

City

Teaneck NJ 07666

FEC ID number of contributing federal political committee.

C00386854

Name of Employer

HUMC

Occupation

VP + System Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03/25/2005

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

19850.00

25058782891

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

PAGE **10** OF **B**

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Keep New Jersey Moving, Inc

Full Name (Last, First, Middle Initial)

A. **LUDWIG EDWARD**

Mailing Address

605 PIERMONT Road

City

Demarest

State

NJ

Zip Code

07627

FEC ID number of contributing
federal political committee.

C 00 386 854

Name of Employer

BD

Occupation

Business EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03/25/2005

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. **LALSON, H. DENNIS**

Mailing Address

50 SYLVAN AVE

City

Englewood Cliffs

State

NJ

Zip Code

07632

FEC ID number of contributing
federal political committee.

C 00 386 854

Name of Employer

PARKWAY Toyota

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03/16/2005

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. **GROSS Peter**

Mailing Address

242 McKinley Place

City

Ridgewood

State

NJ

Zip Code

07450

FEC ID number of contributing
federal political committee.

C 00 386 854

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03/23/2005

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

1500.00

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

21,350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

PAGE **10** OF **13**

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Keep New Jersey Moving, Inc

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

Implicito Dante A.

Mailing Address

One West Ridgewood Ave Suite 307

City

PARAMUS

State

NJ

Zip Code

07652

FEC ID number of contributing federal political committee.

C00386854

Name of Employer

Self

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03/24/2005

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Ferullo Andree J

Mailing Address

254 Pergust Rd

City

Andover

State

NJ

Zip Code

07821

FEC ID number of contributing federal political committee.

C00386854

Name of Employer

Hume

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02/24/2005

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

CORCORAN NANCY R.

Mailing Address

121 GREEN WAY

City

MONTVALE

State

NJ

Zip Code

07645

FEC ID number of contributing federal political committee.

C00386854

Name of Employer

Self

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03/04/2005

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1,000.00

TOTAL This Period (last page this line number only)

2,350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Keep New Jersey Moving Inc

Full Name (Last, First, Middle Initial)

A. DEMAURO, Peter G

Mailing Address

888 Will Top Ter.

City

Franklin Lakes NJ 07417

FEC ID number of contributing
federal political committee.

C004386854

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02/23/2005

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. KALUFF, Robin

Mailing Address

30 Prospect Ave

City

Hackensack NJ 07601

FEC ID number of contributing
federal political committee.

C00386854

Name of Employer

Hume

Occupation

Hosp Admin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03/05/2005

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. VITENSON, JACK

Mailing Address

210 Chick Saw Trail

City

Franklin Lakes NJ 07417

FEC ID number of contributing
federal political committee.

C004386854

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03/07/2005

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

500.00

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

23,100.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

PAGE 13 OF 13

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (in Full)

Keep New Jersey Moving Inc

Full Name (Last, First, Middle Initial)

A. Hendi, Louis

Mailing Address

70 Valley View Terr

City

Montvale

State

NJ

Zip Code

07645

FEC ID number of contributing federal political committee.

C100386854

Name of Employer

Self

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03/08/2005

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Hopkins, Barbara A

Mailing Address

135 Park Way

City

Maywood

State

NJ

Zip Code

07607

FEC ID number of contributing federal political committee.

C100386854

Name of Employer

Hume

Occupation

VP Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

03/08/2005

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

400.00

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

23,500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 2

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Keep New Jersey Moving Inc

Full Name (Last, First, Middle Initial)

A. Rothman for Congress

Mailing Address 360 Essex St

City Hackensack State NJ Zip Code 07601

Purpose of Disbursement Contribution

Candidate Name Steve Rothman

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

State: NJ District: 9th

Date of Disbursement

03/07/2005

Amount of Each Disbursement this Period

10,000.00

B. Roth PAC

Mailing Address 260 Essex Street

City Hackensack State NJ Zip Code 07601

Purpose of Disbursement Contribution

Candidate Name

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

State: NJ District: 9th

Date of Disbursement

03/01/2005

Amount of Each Disbursement this Period

5000.00

C. Lautenberg 20 year Committee

Mailing Address One Gateway Center

City Newark State NJ Zip Code 07102

Purpose of Disbursement Contributions

Candidate Name Frank Lautenberg

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

State: District:

Date of Disbursement

03/14/2005

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

17,500.00

17,500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 2 OF 2

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Keep New Jersey Moving Inc.

Full Name (Last, First, Middle Initial)

A. MENENDEZ FOR CONGRESS

Mailing Address 1100 Valley Brook Ave

City Lyndhurst State NJ Zip Code 07071

Purpose of Disbursement Contribution

Candidate Name

Office Sought: ☒ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

State: NJ District:

Date of Disbursement

03 / 28 / 2005

Amount of Each Disbursement this Period

10,000.00

B. NEW Millennium PAC

Mailing Address 1100 Valley Brook Ave Suite 205

City Lyndhurst State NJ Zip Code 07071

Purpose of Disbursement Contribution

Candidate Name

Office Sought: ☒ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

State: NJ District:

Date of Disbursement

03 / 28 / 2005

Amount of Each Disbursement this Period

5,000.00

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

State: District:

Date of Disbursement

03 / 28 / 2005

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

15,000.00

32,500.00

SCHEDULE C (FEC Form 3X)

LOANS

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

PAGE / OF /
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Keep New Jersey moving, Inc

LOAN SOURCE Full Name (Last, First, Middle Initial)

Election:

☐ Primary
☐ General
☐ Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

☐

☐

☐

☐

☐

☐

☐

% (apr)

☐ Yes

☐ No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional) ▶

TOTALS This Period (last page in this line only) ▶

0.00
0.00

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

25038782898

SCHEDULE C-1 (FEC Form 3X)

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for
information found on
Page ____ of Schedule C

NAME OF COMMITTEE (In Full) <i>Keep New Jersey Moving, Inc.</i>		FEC IDENTIFICATION NUMBER C _____	
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan _____	Interest Rate (APR) _____ %
Mailing Address		Date Incurred or Established ____/____/____	
City	State	Zip Code	Date Due ____/____/____
A. Has loan been restructured? ☐ No ☐ Yes		If yes, date originally incurred ____/____/____	
B. If line of credit, Amount of this Draw: _____		Total Outstanding Balance: _____	
C. Are other parties secondarily liable for the debt incurred? ☐ No ☐ Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? ☐ No ☐ Yes If yes, specify: _____		What is the value of this collateral? _____ Does the lender have a perfected security interest in it? ☐ No ☐ Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? ☐ No ☐ Yes If yes, specify: _____		What is the estimated value? _____	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: ____/____/____		Location of account: Address: _____ City, State, Zip: _____	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name Signature		DATE ____/____/____	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE ____/____/____	
Title			

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

PAGE / OF /
FOR LINE NUMBER:
(check only one) ☐ 9 ☐ 10

NAME OF COMMITTEE (In Full)

Keep New Jersey Moving Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional) ▶

2) TOTALS This Period (last page this line number only) ▶

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

0.00
0.00
0.00
0.00

25038782900

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE / OF /
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <i>Keep New Jersey Moving Inc</i>	FEC IDENTIFICATION NUMBER C
Check if ☐ 24-hour notice ☐ 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	Amount
City State Zip Code	

Purpose of Expenditure	Category/Type 	Office Sought: ☐ House State: ☐ Senate District: ☐ President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: ☐ Support ☐ Oppose
Calendar Year-To-Date Per Election for Office Sought 		Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee	Date 	
Mailing Address	Amount 	
City State Zip Code		
Purpose of Expenditure	Category/Type 	Office Sought: ☐ House State: ☐ Senate District: ☐ President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: ☐ Support ☐ Oppose
Calendar Year-To-Date Per Election for Office Sought 		Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures	000
(b) SUBTOTAL of Unitemized Independent Expenditures	000
(c) TOTAL Independent Expenditures	000

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____ Date

25038782901

SCHEDULE F (FEC Form 3X)

ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE (2 U.S.C. §441a(d))

(To be used only by Political Committees in the General Election)

PAGE 1 OF 1
FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Keep New Jersey Moving Inc</u>	☐ Check if 24-hour notice
--	---

Has your committee been designated to make coordinated expenditures by a political party committee? ☐ YES ☐ NO If YES, name the designating committee:	Full Name of Subordinate Committee		
	Mailing Address		
	City	State	ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure	☐ Category/ Type
Mailing Address				Date	☐ ☐ ☐
City	State	Zip Code		Amount	☐ Limit Raised Due to Opponent's Spend- ing (2 U.S.C. §441a(i)/441a-1)
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: District:		
Aggregate General Election Expenditure for this Candidate ▶					

Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure	☐ Category/ Type
Mailing Address				Date	☐ ☐ ☐
City	State	Zip Code		Amount	☐ Limit Raised Due to Opponent's Spend- ing (2 U.S.C. §441a(i)/441a-1)
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: District:		
Aggregate General Election Expenditure for this Candidate ▶					

Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure	☐ Category/ Type
Mailing Address				Date	☐ ☐ ☐
City	State	Zip Code		Amount	☐ Limit Raised Due to Opponent's Spend- ing (2 U.S.C. §441a(i)/441a-1)
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: District:		
Aggregate General Election Expenditure for this Candidate ▶					

SUBTOTAL of Expenditures This Page (optional).....▶	☐ ☐ ☐
TOTAL This Period (last page this line number only).....▶	☐ ☐ ☐

Federal Election Commission
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☐ USPS Express Mail	Postmarked
☐ Postmark Illegible	
☐ No Postmark	
☐ Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery ☐
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☐ Received from Electronic Filing Office	Date of Receipt
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