

**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

Rush Holt for Congress

ADDRESS (number and street) PO Box 782

Check if different than previously reported. (ACC) Pennington NJ 08534

2. **FEC IDENTIFICATION NUMBER** C00313684 **CITY** **STATE** NJ **ZIP CODE** 08534 **STATE** NJ **DISTRICT** 12

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 01 01 2007 through 03 31 2007

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 Pamela H. Mount

Signature of Treasurer Electronically Filed by Pamela H. Mount Date 04 13 2007

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Rush Holt for Congress

Report Covering the Period: From: To:

	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)).....	61263.51	74995.53
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	61263.51	74995.53
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	62022.57	143074.18
(b) Total Offsets to Operating Expenditures (from Line 14).....	162.00	335.33
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	61860.57	142738.85
8. Cash on Hand at Close of Reporting Period (from Line 27).....	594037.98	
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	

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
Rush Holt for Congress

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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).....

35295.50

41060.50

(ii) Unitemized.....

13006.00

18879.00

(iii) TOTAL of contributions

48301.50

59939.50

from individuals..... ▶

412.01

506.03

(b) Political Party Committees.....

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

12550.00

14550.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

61263.51

74995.53

(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

0.00

0.00

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

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

162.00

335.33

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

3911.63

6440.51

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

65337.14

81771.37

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	62022.57	143074.18
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	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 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	34135.00	35385.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	96157.57	178459.18

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	624858.41
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	65337.14
25. SUBTOTAL (add Line 23 and Line 24).....	690195.55
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	96157.57
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	594037.98

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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)
Rush Holt for Congress

Full Name (Last, First, Middle Initial) A. Peter Blair		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007
Mailing Address 3946 27th Rd N		Transaction ID: C578022
City State Zip Code Arlington VA 22207-5242	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Sigma Xi	Occupation Scientist	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Robert D Broege		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007
Mailing Address 93 Gooseneck Point Rd		Transaction ID: C577644
City State Zip Code Oceanport NJ 07757-1402	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Jahos, Broege & Shaheen	Occupation Attorney at Law	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Catherine D Brown		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 93 Elm Rd		Transaction ID: C577267
City State Zip Code Princeton NJ 08540-2523	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer N/A	Occupation Retired	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2200.00	

SUBTOTAL of Receipts This Page (optional) ▶	750.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

A. Full Name (Last, First, Middle Initial)
Theodore Chase, Jr

Mailing Address 159 Old Georgetown Rd

City State Zip Code
Princeton NJ 08540-8612

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

Name of Employer Occupation
Cook College Rutgers University Professor

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

400.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 24 / 2007

Transaction ID: C578008

Amount of Each Receipt this Period
400.00

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

B. Full Name (Last, First, Middle Initial)
George D. Cody

Mailing Address 30 Bainbridge St.

City State Zip Code
Princeton NJ 08540

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

Name of Employer Occupation
Self-employed consultant

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

400.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 24 / 2007

Transaction ID: C578015

Amount of Each Receipt this Period
400.00

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

C. Full Name (Last, First, Middle Initial)
Carol A Cox

Mailing Address 42 Wiggins St

City State Zip Code
Princeton NJ 08540-6935

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

Name of Employer Occupation
N/A Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 29 / 2007

Transaction ID: C578220

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	1050.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

A. Full Name (Last, First, Middle Initial)
Joan S Crespi

Mailing Address 9 Orchard Cir

City State Zip Code
Princeton NJ 08540-3025

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

Name of Employer N/A Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 28 / 2007

Transaction ID: C577260

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 2 Terrace Ct NE

City State Zip Code
Washington DC 20002-7310

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

Name of Employer Ball Janik, LLP Occupation Government Relations Specialist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 26 / 2007

Transaction ID: C576845

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)
Lyle B Dennis

Mailing Address 11515 Noahs Landing Ct

City State Zip Code
Manassas VA 20112-3580

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

Name of Employer Cavarocchi, Ruscio Dennis Asso Occupation Partner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 20 / 2007

Transaction ID: C578054

Amount of Each Receipt this Period
500.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

Full Name (Last, First, Middle Initial) A. Suresh Deva		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 3 / 2 0 0 7	
Mailing Address 4 Kasey Ct		Transaction ID: C577244	
City State Zip Code Somerset NJ 08873-5006		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Info Requested Occupation Info Requested		Election Cycle-to-Date ▼ 500.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Donald B Edwards		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 8 / 2 0 0 7	
Mailing Address 36 Cranbury Neck Rd		Transaction ID: C577256	
City State Zip Code Cranbury NJ 08512-2809		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer American Boychoir School Occupation President		Election Cycle-to-Date ▼ 250.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Elizabeth Ellwood		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 3 / 2 0 0 7	
Mailing Address 233 Medford Lease		Transaction ID: C574996	
City State Zip Code Medford NJ 08055-2239		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer N/A Occupation Retired		Election Cycle-to-Date ▼ 450.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

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

Mailing Address 233 Medford Lease

City Medford State NJ Zip Code 08055-2239

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

Name of Employer N/A Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 12 / 2007

Transaction ID: C576042

Amount of Each Receipt this Period
200.00

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

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

Mailing Address 4500 Wetherill Rd

City Bethesda State MD Zip Code 20816-1813

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

Name of Employer Insitute for Defense Analysis Occupation Physicist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 04 / 2007

Transaction ID: C549992

Amount of Each Receipt this Period
25.00

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

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

Mailing Address 4500 Wetherill Rd

City Bethesda State MD Zip Code 20816-1813

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

Name of Employer Insitute for Defense Analysis Occupation Physicist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 20 / 2007

Transaction ID: C578058

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	▶	475.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

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

Mailing Address 132 Drakes Corner Rd

City State Zip Code
Princeton NJ 08540-7519

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

Name of Employer N/A Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 13 / 2007

Transaction ID: C576064

Amount of Each Receipt this Period
400.00

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

B. Full Name (Last, First, Middle Initial)
Scott S. Fleming

Mailing Address 3467 Mildred Drive

City State Zip Code
Falls Church VA 22042-3909

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

Name of Employer Georgetown University Occupation Asst. Vice President for Federal Relat

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 01 / 2007

Transaction ID: C575614

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)
Sylvia A Fletcher

Mailing Address 2025 Carterdale Rd

City State Zip Code
Baltimore MD 21209

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

Name of Employer United Nations Development Programme-S Occupation Senior Advisor and Governance Manager

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

525.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 08 / 2007

Transaction ID: C574552

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	▶	900.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

Full Name (Last, First, Middle Initial) A. Sylvia A Fletcher		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 2 / 2 0 0 7
Mailing Address 2025 Carterdale Rd		Transaction ID: C575672
City Baltimore	State MD	Zip Code 21209
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer United Nations Development Programme-S	Occupation Senior Advisor and Governance Manager	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 525.00	

Full Name (Last, First, Middle Initial) B. Steven B Frakt		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address 561 Lake Dr		Transaction ID: C577272
City Princeton	State NJ	Zip Code 08540-5632
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Princeton University	Occupation WWS Writing Advisor	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. John Giunco		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 1 / 2 0 0 7
Mailing Address 99 Crine Rd		Transaction ID: C574422
City Colts Neck	State NJ	Zip Code 07722-1471
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Giordano Adlerman&Cisla	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1550.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

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

Mailing Address 50 E 89th St

City State Zip Code
New York NY 10128-1225

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

Name of Employer Occupation
Saiber Schlesinger Satz & Goldstein, L Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2007

Transaction ID: C578215

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Robert J Goldston

Mailing Address 149 Bouvant Dr

City State Zip Code
Princeton NJ 08540-1225

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

Name of Employer Occupation
Princeton University Physicist

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

4600.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 19 / 2007

Transaction ID: C577641

Amount of Each Receipt this Period
2300.00

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

C. Full Name (Last, First, Middle Initial)
Robert J Goldston

Mailing Address 149 Bouvant Dr

City State Zip Code
Princeton NJ 08540-1225

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

Name of Employer Occupation
Princeton University Physicist

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

4600.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 19 / 2007

Transaction ID: C577640

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional)	4850.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

A. Full Name (Last, First, Middle Initial)
Ruth B Goldston

Mailing Address 149 Bouvant Dr

City State Zip Code
Princeton NJ 08540-1225

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

Name of Employer Self Occupation
Psychologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4600.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 19 / 2007

Transaction ID: C577635

Amount of Each Receipt this Period
2300.00

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

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

Mailing Address 149 Bouvant Dr

City State Zip Code
Princeton NJ 08540-1225

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

Name of Employer Self Occupation
Psychologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4600.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 19 / 2007

Transaction ID: C577636

Amount of Each Receipt this Period
2300.00

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

C. Full Name (Last, First, Middle Initial)
Stanley J Grant

Mailing Address 81 Country Village

City State Zip Code
Manhasset Hills NY 11040

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

Name of Employer Friends of Cong. Glaucoma Caucus Fdn Occupation
President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 24 / 2007

Transaction ID: C578000

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)	▶	5100.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

A. Full Name (Last, First, Middle Initial)
Alan M Hershey

Mailing Address 143 E Delaware Ave

City Pennington State NJ Zip Code 08534-2304

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

Name of Employer: Mathematical Policy Research, Inc. Occupation: Policy Research

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 13 / 2007

Transaction ID: C577276

Amount of Each Receipt this Period
400.00

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

B. Full Name (Last, First, Middle Initial)
Janet E Hubbard

Mailing Address 25 Tracey Dr

City Lawrenceville State NJ Zip Code 08648-1547

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

Name of Employer: College of New Jersey Occupation: Adjunct professor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 27 / 2007

Transaction ID: C578173

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Claude A R Kagan

Mailing Address 205 Pennington Rocky Hill Road

City Pennington State NJ Zip Code 08534

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

Name of Employer: self Occupation: engineer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

971.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 08 / 2007

Transaction ID: C574474

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) ► **1400.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

A. Full Name (Last, First, Middle Initial)
Claude A R Kagan

Mailing Address 205 Pennington Rocky Hill Road

City Pennington State NJ Zip Code 08534

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

Name of Employer self Occupation engineer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 971.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 3 / 2 0 0 7

Transaction ID: C575334

Amount of Each Receipt this Period
1.00

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

B. Full Name (Last, First, Middle Initial)
Claude A R Kagan

Mailing Address 205 Pennington Rocky Hill Road

City Pennington State NJ Zip Code 08534

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

Name of Employer self Occupation engineer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 971.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 3 / 2 0 0 7

Transaction ID: C575335

Amount of Each Receipt this Period
70.00

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

* In-Kind: Golden dollar valued at \$71

C. Full Name (Last, First, Middle Initial)
Claude A R Kagan

Mailing Address 205 Pennington Rocky Hill Road

City Pennington State NJ Zip Code 08534

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

Name of Employer self Occupation engineer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 971.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 2 6 / 2 0 0 7

Transaction ID: C576849

Amount of Each Receipt this Period
400.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **471.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

A. Full Name (Last, First, Middle Initial)
Susan D Karlin

Mailing Address 2 Stonehedge Ct

City State Zip Code
Little Silver NJ 07739-1804

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

Name of Employer N/A Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2007

Transaction ID: C577576

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Melinda R Kirstein

Mailing Address 71 Brooks Bnd

City State Zip Code
Princeton NJ 08540-7554

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

Name of Employer N/A Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 10 / 2007

Transaction ID: C550012

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)
Kathleen Landon

Mailing Address 4 B Holly House

City State Zip Code
Princeton NJ 08540

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

Name of Employer N/A Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
01 / 18 / 2007

Transaction ID: C571186

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

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

Mailing Address 4 B Holly House

City State Zip Code
Princeton NJ 08540

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

Name of Employer N/A Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 23 / 2007

Transaction ID: C576643

Amount of Each Receipt this Period
200.00

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

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

Mailing Address 629 W 115th St Apt 3A

City State Zip Code
New York NY 10025-7779

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

Name of Employer SIGNa Chemistry Occupation President/CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 20 / 2007

Transaction ID: C578056

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)
Chan K. Leung

Mailing Address 1 Palomino Ct

City State Zip Code
Ringo NJ 08551-1916

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

Name of Employer Data Power, Inc Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 18 / 2007

Transaction ID: C571182

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional)	▶	550.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

A. Full Name (Last, First, Middle Initial)
Chan K. Leung

Mailing Address 1 Palomino Ct

City State Zip Code
Ringo NJ 08551-1916

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

Name of Employer Data Power, Inc Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
03 / 14 / 2007

Transaction ID: C577249

Amount of Each Receipt this Period
200.00

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

B. Full Name (Last, First, Middle Initial)
Edward C Liu

Mailing Address 31 Lake Shore Dr

City State Zip Code
Hopewell NJ 08550-4905

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

Name of Employer Lehman Brothers Occupation Programmer/Analyst

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 29 / 2007

Transaction ID: C578229

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)
Andrew Manatos

Mailing Address 1100 New Hampshire Ave. NW

City State Zip Code
Washington DC 20037

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

Name of Employer Manatos and Manatos Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 23 / 2007

Transaction ID: C577649

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	▶	700.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

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

Mailing Address 6713 Pemberton St

City State Zip Code
Bethesda MD 20817-6005

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

Name of Employer Council of Graduate Schools
Occupation Vice President, Government Relations

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2007

Transaction ID: C578057

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Dale M Meade

Mailing Address 48 Oakland St

City State Zip Code
Princeton NJ 08540-3441

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

Name of Employer Fusion Innovation Research and Energy?
Occupation technical consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2007

Transaction ID: C576418

Amount of Each Receipt this Period
400.00

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

C. Full Name (Last, First, Middle Initial)
Pamela H Mount

Mailing Address 330 Cold Soil Rd

City State Zip Code
Princeton NJ 08540-2002

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

Name of Employer Self
Occupation Farmer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 707.00

Date of Receipt
MM / DD / YYYY
01 / 03 / 2007

Transaction ID: C572081

Amount of Each Receipt this Period
149.50

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

* In-Kind: Catering Expense

SUBTOTAL of Receipts This Page (optional)	799.50
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

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

Mailing Address 1 W 72nd St
Apt 96

City State Zip Code
New York NY 10023-3426

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

Name of Employer Self Occupation
Artist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 29 / 2007

Transaction ID: C578228

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Kemal C. Ozgur

Mailing Address 2 Stevenson Avenue

City State Zip Code
Englishtown NJ 07726

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

Name of Employer Self Occupation
Scientist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 02 / 2007

Transaction ID: C575673

Amount of Each Receipt this Period
2300.00

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

C. Full Name (Last, First, Middle Initial)
Lynne E. Ozgur

Mailing Address 2 Stevenson Avenue

City State Zip Code
Englishtown NJ 07726

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

Name of Employer Pharmacopeia Pharmaceuticals Occupation
Scientist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 02 / 2007

Transaction ID: C575674

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **5600.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

A. Full Name (Last, First, Middle Initial)
Michael F Paul

Mailing Address 106 Taylor Terrace

City State Zip Code
Hopewell NJ 08525-1611

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

Name of Employer N/A Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 26 / 2007

Transaction ID: C576848

Amount of Each Receipt this Period
200.00

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

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

Mailing Address 8 Wheatston Court

City State Zip Code
Princeton Junction NJ 08550

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

Name of Employer Pharnanet Occupation Systems Analyst

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 14 / 2007

Transaction ID: C575003

Amount of Each Receipt this Period
300.00

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

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

Mailing Address 8 Wheatston Court

City State Zip Code
Princeton Junction NJ 08550

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

Name of Employer Pharnanet Occupation Systems Analyst

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 15 / 2007

Transaction ID: C576139

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional)	▶	700.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

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

Mailing Address 8 Wheatston Court

City State Zip Code
Princeton Junction NJ 08550

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

Name of Employer Occupation
Pharmanet Systems Analyst

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 29 / 2007

Transaction ID: C578219

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)
Robert A. Roe

Mailing Address Robert A. Roe Associates, Inc
1680 Route 23

City State Zip Code
Wayne NJ 07474-0407

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

Name of Employer Occupation
Robert A. Roe Associates, Inc President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2007

Transaction ID: C578198

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Mae E Rubinstein

Mailing Address 23 Palmer Rd

City State Zip Code
Kendall Park NJ 08824

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

Name of Employer Occupation
N/A Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 19 / 2007

Transaction ID: C577634

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional) ► **1200.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

A. Full Name (Last, First, Middle Initial)
William B Russel

Mailing Address 50 Springdale Rd
Wyman House

City State Zip Code
Princeton NJ 08540-4926

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

Name of Employer Occupation
Princeton University professor and dean

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 27 / 2007

Transaction ID: C578178

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
William H Scheide

Mailing Address 133 Library Pl

City State Zip Code
Princeton NJ 08540-3019

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

Name of Employer Occupation
N/A Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 19 / 2007

Transaction ID: C577631

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)
Surinder P Sharma

Mailing Address 237 Christopher Dr

City State Zip Code
Princeton NJ 08540

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

Name of Employer Occupation
Global Aerospace Engineering

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 01 / 2007

Transaction ID: C549385

Amount of Each Receipt this Period
50.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2050.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

A. Full Name (Last, First, Middle Initial)
Surinder P Sharma

Mailing Address 237 Christopher Dr

City State Zip Code
Princeton NJ 08540

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

Name of Employer Occupation
Global Aerospace Engineering

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 21 / 2007

Transaction ID: C576445

Amount of Each Receipt this Period
200.00

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

B. Full Name (Last, First, Middle Initial)
Jane C Snyder

Mailing Address 19 Rumson Rd

City State Zip Code
Kendall Park NJ 08824-1229

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

Name of Employer Occupation
N/A Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 19 / 2007

Transaction ID: C577624

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
Edward D. Thomas

Mailing Address 757 Cherry Valley Rd

City State Zip Code
Princeton NJ 08540-7920

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

Name of Employer Occupation
N/A Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2007

Transaction ID: C577577

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)	▶	1400.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

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

Mailing Address 13 Hilltown Court

City Plainsboro State NJ Zip Code 08536

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

Name of Employer Vitae Pharmaceuticals Inc. Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 12 / 2007

Transaction ID: C576041

Amount of Each Receipt this Period
200.00

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

B. Full Name (Last, First, Middle Initial)
Gail M Ullman

Mailing Address 12 Maple St

City Princeton State NJ Zip Code 08542-3852

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

Name of Employer N/A Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 13 / 2007

Transaction ID: C577254

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)
Thomas L Waldron

Mailing Address 53 Sycamore Ct

City Lawrenceville State NJ Zip Code 08648-4833

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

Name of Employer N/A Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 24 / 2007

Transaction ID: C578013

Amount of Each Receipt this Period
400.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1600.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

A. Full Name (Last, First, Middle Initial)
Raymond H Wong

Mailing Address 4 Kinglet Dr S

City Cranbury State NJ Zip Code 08512-2129

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

Name of Employer Self Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 08 / 2007

Transaction ID: C575905

Amount of Each Receipt this Period
400.00

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

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

Mailing Address 18001 Overwood Dr

City Olney State MD Zip Code 20832-2020

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

Name of Employer Chlopak, Leonard, Schechter & Associat Occupation Communications

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 28 / 2007

Transaction ID: C575579

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)
Brian G Zack

Mailing Address 32 Stetson Way

City Princeton State NJ Zip Code 08540-7310

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

Name of Employer N/A Occupation Retired physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 28 / 2007

Transaction ID: C577234

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)	▶	1150.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 27 / 79	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

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

Mailing Address 110 D St SE
Apt 501

City State Zip Code
Washington DC 20003-1814

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

Name of Employer Occupation
Zamoyksi and Company Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	7	/	2	0	0	7

Transaction ID: C578172

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	35295.50

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 79
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

Full Name (Last, First, Middle Initial) A. Democratic Congressional Campaign Cmte		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2007	
Mailing Address 430 S Capitol St SE Flr 2		Transaction ID: C578516	
City Washington State DC Zip Code 20003-4024	Amount of Each Receipt this Period 12.01		
FEC ID number of contributing federal political committee. C C00000935		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	* In-Kind: fundraising se- rvices		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 106.03		

Full Name (Last, First, Middle Initial) B. Plainsboro Democratic Organization		Date of Receipt M M / D D / Y Y Y Y Y 03 / 24 / 2007	
Mailing Address PO Box 126		Transaction ID: C578012	
City Plainsboro State NJ Zip Code 08536-0126	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	* In-Kind: fundraising se- rvices		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Plainsboro Township Democratic Club		Date of Receipt M M / D D / Y Y Y Y Y 03 / 24 / 2007	
Mailing Address PO Box 126		Transaction ID: C578011	
City Plainsboro State NJ Zip Code 08536-0126	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	* In-Kind: fundraising se- rvices		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 100.00		

SUBTOTAL of Receipts This Page (optional) ▶	412.01
TOTAL This Period (last page this line number only) ▶	412.01

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

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

FOR LINE NUMBER: PAGE 29 / 79
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

A. Full Name (Last, First, Middle Initial)
AMERICAN ACADEMY OF AUDIOLOGY INC PAC
 Mailing Address 11730 PLAZA AMERICA DRIVE SUITE 30
 City State Zip Code
 RESTON VA 20190
 FEC ID number of contributing federal political committee. **C** C00342972
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 50.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 0 4 / 2 0 0 7
Transaction ID: C549988
 Amount of Each Receipt this Period
 50.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
American Association for Justice PAC
 Mailing Address 1050 31st Street, NW
 City State Zip Code
 Washington DC 20007
 FEC ID number of contributing federal political committee. **C** C00024521
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 2 0 / 2 0 0 7
Transaction ID: C578111
 Amount of Each Receipt this Period
 2500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
AMERICAN FEDERATION OF GOVT. EMPL. PAC
 Mailing Address 80 F Street NW
 City State Zip Code
 Washington DC 20001
 FEC ID number of contributing federal political committee. **C** C00009936
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 2 7 / 2 0 0 7
Transaction ID: C578168
 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) ► **3050.00**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 79
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

Full Name (Last, First, Middle Initial) A. American Hospital Association PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2007
Mailing Address NJAHA 760 Alexander Road		Transaction ID: C578169
City Princeton	State NJ	Zip Code 08543-0001
FEC ID number of contributing federal political committee. C C00106146		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. American Nurses Association PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address 8515 Georgia Avenue Suite 400		Transaction ID: C577651
City Silver Spring	State MD	Zip Code 20910
FEC ID number of contributing federal political committee. C C00017525		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Career College Association PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007
Mailing Address 10 G Street, NE, Suite 750		Transaction ID: C578055
City Washington	State DC	Zip Code 20002-4258
FEC ID number of contributing federal political committee. C C00213066		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 31 / 79
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

A. Full Name (Last, First, Middle Initial)
COMMITTEE ON LETTER CARRIERS POLITICAL PAC

Mailing Address 100 INDIANA AVE., N. W.

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C** C00023580

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2007

Transaction ID: C578248

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 1100 Wilson Boulevard
Suite 1500

City State Zip Code
Arlington VA 22209

FEC ID number of contributing federal political committee. **C** C00097568

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 20 / 2007

Transaction ID: C578039

Amount of Each Receipt this Period
2500.00

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

C. Full Name (Last, First, Middle Initial)
United Auto Workers V CAP

Mailing Address 8000 East Jefferson Avenue

City State Zip Code
Detroit MI 48214-3963

FEC ID number of contributing federal political committee. **C** C00002832

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 20 / 2007

Transaction ID: C578018

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) ► **4500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 32 / 79
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

A. Full Name (Last, First, Middle Initial)
VEN-PAC

Mailing Address PO BOX 83142

City State Zip Code
GAITHERSBURG MD 20883

FEC ID number of contributing federal political committee. **C** C00369660

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	0	/	2	0	0	7

Transaction ID: C578020

Amount of Each Receipt this Period
2000.00

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)	▶	12550.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 79
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

Full Name (Last, First, Middle Initial) A. PNC Bank		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 0 / 2 0 0 7	
Mailing Address 76 Nassau St		Transaction ID: C575785	
City State Zip Code Princeton NJ 08542-4520	Amount of Each Receipt this Period 1419.93		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 6440.51		
		* Interest income	

Full Name (Last, First, Middle Initial) B. PNC Bank		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 2 / 2 0 0 7	
Mailing Address 76 Nassau St		Transaction ID: C578519	
City State Zip Code Princeton NJ 08542-4520	Amount of Each Receipt this Period 1208.07		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 6440.51		
		* Interest income	

Full Name (Last, First, Middle Initial) C. PNC Bank		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 1 / 2 0 0 7	
Mailing Address 76 Nassau St		Transaction ID: C578520	
City State Zip Code Princeton NJ 08542-4520	Amount of Each Receipt this Period 1283.63		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 6440.51		
		* Interest income	

SUBTOTAL of Receipts This Page (optional) ▶	3911.63
TOTAL This Period (last page this line number only) ▶	3911.63

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

Full Name (Last, First, Middle Initial) A. ABCO Printing		Transaction ID: D77182 Date of Disbursement 01 / 01 / 2007
Mailing Address 115 N Gold Dr		Amount of Each Disbursement this Period 1241.20
City Trenton	State NJ	
Zip Code 08691-1603	Purpose of Disbursement Printing expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Adams Party Rental		Transaction ID: D77224 Date of Disbursement 01 / 29 / 2007
Mailing Address 154 Turnbull Ave		Amount of Each Disbursement this Period 296.18
City Trenton	State NJ	
Zip Code 08610-2822	Purpose of Disbursement Fundraising/Equipment Rental	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Aetna/USHC		Transaction ID: D77179 Date of Disbursement 01 / 01 / 2007
Mailing Address PO Box 7777W8260-11		Amount of Each Disbursement this Period 849.00
City Philadelphia	State PA	
Zip Code 19175-0001	Purpose of Disbursement Employee health insurance	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	2386.38
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

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

Full Name (Last, First, Middle Initial) A. Aetna/USHC		Transaction ID: D77220 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 7	
Mailing Address PO Box 7777W8260-11		Amount of Each Disbursement this Period 849.00	
City Philadelphia State PA Zip Code 19175-0001	Purpose of Disbursement Employee health insurance	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. Aetna/USHC		Transaction ID: D77539 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7	
Mailing Address PO Box 7777W8260-11		Amount of Each Disbursement this Period 664.00	
City Philadelphia State PA Zip Code 19175-0001	Purpose of Disbursement Employee health insurance	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: D77265 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 7	
Mailing Address PO Box 45205		Amount of Each Disbursement this Period 4.50	
City Jacksonville State FL Zip Code 32232-5205	Purpose of Disbursement Merchant fee	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	1517.50
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

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: D77266 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 7
Mailing Address PO Box 45205		Amount of Each Disbursement this Period 12.83
City Jacksonville State FL Zip Code 32232-5205	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Merchant fee Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: D77572 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address PO Box 45205		Amount of Each Disbursement this Period 23.03
City Jacksonville State FL Zip Code 32232-5205	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Merchant fee Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: D77203 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 7
Mailing Address PO Box 45205		Amount of Each Disbursement this Period 4.50
City Jacksonville State FL Zip Code 32232-5205	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Merchant fee Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	40.36
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)

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

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: D77207 Date of Disbursement 01 / 22 / 2007
Mailing Address PO Box 45205		Amount of Each Disbursement this Period 7.85
City Jacksonville State FL Zip Code 32232-5205	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Merchant fee Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. AT&T		Transaction ID: D77222 Date of Disbursement 01 / 29 / 2007
Mailing Address PO Box 8212		Amount of Each Disbursement this Period 374.09
City Aurora State IL Zip Code 60572-8212	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone expense Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. AT&T		Transaction ID: D77244 Date of Disbursement 02 / 08 / 2007
Mailing Address PO Box 8212		Amount of Each Disbursement this Period 431.69
City Aurora State IL Zip Code 60572-8212	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone expense Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	813.63
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

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

Full Name (Last, First, Middle Initial) A. Valerie Baehr		Transaction ID: D77256 Date of Disbursement 02 / 15 / 2007	
Mailing Address 726 Mayflower Ave		Amount of Each Disbursement this Period 160.00	
City Lawrenceville State NJ Zip Code 08648-4402	Purpose of Disbursement Fundraising/Invitation design	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. Banana Cafe		Transaction ID: D77200 Date of Disbursement 01 / 07 / 2007	
Mailing Address 500 8th Street, SE		Amount of Each Disbursement this Period 1591.94	
City Washington State DC Zip Code 20003	Purpose of Disbursement Event catering	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) C. Comcast of Mercer County		Transaction ID: D77218 Date of Disbursement 01 / 24 / 2007	
Mailing Address PO Box 69		Amount of Each Disbursement this Period 95.14	
City Newark State NJ Zip Code 07101-0069	Purpose of Disbursement Internet service	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

SUBTOTAL of Disbursements This Page (optional)	1847.08
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

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

Full Name (Last, First, Middle Initial) A. Comcast of Mercer County		Transaction ID: D77246 Date of Disbursement
Mailing Address PO Box 69		<input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City Newark	State NJ	Zip Code 07101-0069
Purpose of Disbursement Internet service	Category/ Type	Amount of Each Disbursement this Period <input type="text" value="95.25"/>
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Comcast of Mercer County		Transaction ID: D77535 Date of Disbursement
Mailing Address PO Box 69		<input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City Newark	State NJ	Zip Code 07101-0069
Purpose of Disbursement Internet service	Category/ Type	Amount of Each Disbursement this Period <input type="text" value="95.25"/>
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Democratic Congressional Campaign Cmte		Transaction ID: D77366 Date of Disbursement
Mailing Address 430 S Capitol St SE Flr 2		<input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City Washington	State DC	Zip Code 20003-4024
Purpose of Disbursement fundraising services	Category/ Type	Amount of Each Disbursement this Period <input type="text" value="12.01"/>
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	* in-kind received
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="202.51"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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 40 / 79

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

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

Full Name (Last, First, Middle Initial) A. Farley's Bookshop		Transaction ID: D77262 Date of Disbursement 02 / 15 / 2007	
Mailing Address 44 S Main St		Amount of Each Disbursement this Period 544.00	
City New Hope State PA Zip Code 18938	Purpose of Disbursement Fundraising Event Expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. FedEx Kinkos		Transaction ID: D77199 Date of Disbursement 01 / 06 / 2007	
Mailing Address 212 State Highway 18		Amount of Each Disbursement this Period 432.07	
City E Brunswick State NJ Zip Code 08816	Purpose of Disbursement Copies	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) C. Garden State Equality		Transaction ID: D77530 Date of Disbursement 03 / 01 / 2007	
Mailing Address 67 Church St		Amount of Each Disbursement this Period 250.00	
City Montclair State NJ Zip Code 07042	Purpose of Disbursement Advertisement	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	1226.07
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

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

Full Name (Last, First, Middle Initial) A. Internal Revenue Service		Transaction ID: D77545 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7
Mailing Address US TREASURY		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Ogden State UT Zip Code 84201-0001	Category/ Type	
Purpose of Disbursement 1120 POL Tax		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Iron Mountain		Transaction ID: D77548 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address PO Box 27128		Amount of Each Disbursement this Period 107.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New York State NY Zip Code 10087-7128	Category/ Type	
Purpose of Disbursement Record storage		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Iron Mountain		Transaction ID: D77209 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address PO Box 27128		Amount of Each Disbursement this Period 107.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New York State NY Zip Code 10087-7128	Category/ Type	
Purpose of Disbursement Record storage		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	714.00
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

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

Full Name (Last, First, Middle Initial) A. Iron Mountain		Transaction ID: D77253 Date of Disbursement 02 / 15 / 2007
Mailing Address PO Box 27128		Amount of Each Disbursement this Period 107.00
City New York State NY Zip Code 10087-7128	Purpose of Disbursement Record storage Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Samantha Maltzman		Transaction ID: D77248 Date of Disbursement 02 / 15 / 2007
Mailing Address 10 Dennis St Apt 228		Amount of Each Disbursement this Period 81.00
City New Brunswick State NJ Zip Code 08901-4201	Purpose of Disbursement Travel expenses Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Samantha Maltzman		Transaction ID: D77249 Date of Disbursement 02 / 15 / 2007
Mailing Address 10 Dennis St Apt 228		Amount of Each Disbursement this Period 21.38
City New Brunswick State NJ Zip Code 08901-4201	Purpose of Disbursement Fund. meeting expense (none over \$200) Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	209.38
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

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

Full Name (Last, First, Middle Initial) A. Samantha Maltzman		Transaction ID: D77235 Date of Disbursement 02 / 02 / 2007
Mailing Address 10 Dennis St Apt 228		Amount of Each Disbursement this Period 1764.96
City New Brunswick State NJ Zip Code 08901-4201	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Salary Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Samantha Maltzman		Transaction ID: D77206 Date of Disbursement 01 / 19 / 2007
Mailing Address 10 Dennis St Apt 228		Amount of Each Disbursement this Period 1764.96
City New Brunswick State NJ Zip Code 08901-4201	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Salary Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Samantha Maltzman		Transaction ID: D77197 Date of Disbursement 01 / 05 / 2007
Mailing Address 10 Dennis St Apt 228		Amount of Each Disbursement this Period 1764.96
City New Brunswick State NJ Zip Code 08901-4201	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Salary Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	5294.88
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)

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

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

Full Name (Last, First, Middle Initial) A. Pamela H Mount		Transaction ID: D73455 Date of Disbursement 01 / 03 / 2007
Mailing Address 330 Cold Soil Rd		Amount of Each Disbursement this Period 149.50
City Princeton State NJ Zip Code 08540-2002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Catering Expense	Candidate Name	* in-kind received
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	
State: District:		

Full Name (Last, First, Middle Initial) B. NGP Software, Inc.		Transaction ID: D77189 Date of Disbursement 01 / 02 / 2007
Mailing Address 1101 Vermont Ave NW Ste 710		Amount of Each Disbursement this Period 2787.00
City Washington State DC Zip Code 20005-3521	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Database	Candidate Name	* in-kind received
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	
State: District:		

Full Name (Last, First, Middle Initial) C. NGP Software, Inc.		Transaction ID: D77538 Date of Disbursement 03 / 01 / 2007
Mailing Address 1101 Vermont Ave NW Ste 710		Amount of Each Disbursement this Period 74.74
City Washington State DC Zip Code 20005-3521	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Domain registrations	Candidate Name	* in-kind received
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	3011.24
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)

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

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

Full Name (Last, First, Middle Initial) A. NJ FOP		Transaction ID: D77528 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address 108 West State Street		Amount of Each Disbursement this Period 925.00
City Trenton State NJ Zip Code 08608	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Advertisement	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Barbara Pal		Transaction ID: D77231 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address 4703 Quail Ridge Rd		Amount of Each Disbursement this Period 330.00
City Plainsboro State NJ Zip Code 08536	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising/Catering Expense	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Perfect Sound		Transaction ID: D77212 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 5524 Tuxedo Road		Amount of Each Disbursement this Period 900.00
City Hyattsville State MD Zip Code 20781	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Event/Audio Rental	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1755.00
TOTAL This Period (last page this line number only) ▶	1755.00

**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

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

Full Name (Last, First, Middle Initial) A. PNC Bank		Transaction ID: D77201 Date of Disbursement																					
Mailing Address 76 Nassau St		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	1		1	1		2	0	0	7														
City Princeton	State NJ	Zip Code 08542-4520																					
Purpose of Disbursement Payroll Tax		Amount of Each Disbursement this Period <table border="1"> <tr> <td>2909.06</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		2909.06																			
2909.06																							
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) B. PNC Bank		Transaction ID: D77190 Date of Disbursement																					
Mailing Address 76 Nassau St		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	1		0	2		2	0	0	7														
City Princeton	State NJ	Zip Code 08542-4520																					
Purpose of Disbursement Merchant Fee		Amount of Each Disbursement this Period <table border="1"> <tr> <td>39.53</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		39.53																			
39.53																							
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) C. PNC Bank		Transaction ID: D77191 Date of Disbursement																					
Mailing Address 76 Nassau St		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	1		0	2		2	0	0	7														
City Princeton	State NJ	Zip Code 08542-4520																					
Purpose of Disbursement Merchant Fee		Amount of Each Disbursement this Period <table border="1"> <tr> <td>39.20</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		39.20																			
39.20																							
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

SUBTOTAL of Disbursements This Page (optional)	2987.79
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)

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

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

Full Name (Last, First, Middle Initial) A. PNC Bank		Transaction ID: D77192 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 7
Mailing Address 76 Nassau St		Amount of Each Disbursement this Period 4.83
City Princeton State NJ Zip Code 08542-4520	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Merchant Fee Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. PNC Bank		Transaction ID: D77193 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 7
Mailing Address 76 Nassau St		Amount of Each Disbursement this Period 5.00
City Princeton State NJ Zip Code 08542-4520	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Merchant Fee Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. PNC Bank		Transaction ID: D77234 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address 76 Nassau St		Amount of Each Disbursement this Period 5.00
City Princeton State NJ Zip Code 08542-4520	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Merchant Fee Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	14.83
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

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

Full Name (Last, First, Middle Initial) A. PNC Bank		Transaction ID: D77238 Date of Disbursement 02 / 02 / 2007
Mailing Address 76 Nassau St		Amount of Each Disbursement this Period 31.65
City Princeton State NJ Zip Code 08542-4520	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Merchant Fee Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. PNC Bank		Transaction ID: D77239 Date of Disbursement 02 / 02 / 2007
Mailing Address 76 Nassau St		Amount of Each Disbursement this Period 12.32
City Princeton State NJ Zip Code 08542-4520	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Merchant Fee Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. PNC Bank		Transaction ID: D77240 Date of Disbursement 02 / 02 / 2007
Mailing Address 76 Nassau St		Amount of Each Disbursement this Period 2.03
City Princeton State NJ Zip Code 08542-4520	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Merchant Fee Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	46.00
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)

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

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

Full Name (Last, First, Middle Initial) A. PNC Bank		Transaction ID: D77247 Date of Disbursement 02 / 15 / 2007	
Mailing Address 76 Nassau St		Amount of Each Disbursement this Period 2891.84	
City Princeton State NJ Zip Code 08542-4520	Purpose of Disbursement Payroll Tax	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) B. PNC Bank		Transaction ID: D77546 Date of Disbursement 03 / 15 / 2007	
Mailing Address 76 Nassau St		Amount of Each Disbursement this Period 2075.58	
City Princeton State NJ Zip Code 08542-4520	Purpose of Disbursement Payroll Tax	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) C. PNC Bank		Transaction ID: D77573 Date of Disbursement 03 / 26 / 2007	
Mailing Address 76 Nassau St		Amount of Each Disbursement this Period 73.05	
City Princeton State NJ Zip Code 08542-4520	Purpose of Disbursement Payroll Tax	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

SUBTOTAL of Disbursements This Page (optional) ▶	5040.47
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)

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

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

A. Politifax Full Name (Last, First, Middle Initial) Mailing Address 409 Washington St PMB 101 City Hoboken State NJ Zip Code 07030-4877 Purpose of Disbursement Subscription Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D77532 Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2007 Amount of Each Disbursement this Period 369.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Postmaster Full Name (Last, First, Middle Initial) Mailing Address 213 Carnegie Ctr City Princeton State NJ Zip Code 08540-6213 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D77543 Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2007 Amount of Each Disbursement this Period 78.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Postmaster Full Name (Last, First, Middle Initial) Mailing Address 213 Carnegie Ctr City Princeton State NJ Zip Code 08540-6213 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D77544 Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2007 Amount of Each Disbursement this Period 585.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	1032.00
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

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

A. Postmaster Full Name (Last, First, Middle Initial) Mailing Address 213 Carnegie Ctr City Princeton State NJ Zip Code 08540-6213 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D77555 Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2007 Amount of Each Disbursement this Period 1755.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Postmaster Full Name (Last, First, Middle Initial) Mailing Address 213 Carnegie Ctr City Princeton State NJ Zip Code 08540-6213 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D77217 Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2007 Amount of Each Disbursement this Period 117.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
--	--	--

C. Prior Nami Business Systems Full Name (Last, First, Middle Initial) Mailing Address 1666 Hamilton Ave City Trenton State NJ Zip Code 08629-1432 Purpose of Disbursement Equipment maintenance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D77243 Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2007 Amount of Each Disbursement this Period 107.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	1979.00
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

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

Full Name (Last, First, Middle Initial) A. Prior Nami Business Systems		Transaction ID: D77257 Date of Disbursement MM / DD / YYYY 02 / 15 / 2007
Mailing Address 1666 Hamilton Ave		Amount of Each Disbursement this Period 101.65
City Trenton	State NJ	
Zip Code 08629-1432	Purpose of Disbursement Equipment maintenance	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Prior Nami Business Systems		Transaction ID: D77184 Date of Disbursement MM / DD / YYYY 01 / 01 / 2007
Mailing Address 1666 Hamilton Ave		Amount of Each Disbursement this Period 214.00
City Trenton	State NJ	
Zip Code 08629-1432	Purpose of Disbursement Equipment maintenance	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Prior Nami Business Systems		Transaction ID: D77216 Date of Disbursement MM / DD / YYYY 01 / 23 / 2007
Mailing Address 1666 Hamilton Ave		Amount of Each Disbursement this Period 46.01
City Trenton	State NJ	
Zip Code 08629-1432	Purpose of Disbursement Equipment maintenance	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	361.66
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

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

Full Name (Last, First, Middle Initial) A. Prior Nami Business Systems		Transaction ID: D77547 Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2007
Mailing Address 1666 Hamilton Ave		Amount of Each Disbursement this Period 208.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code Trenton NJ 08629-1432	Purpose of Disbursement Equipment maintenance Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Matthew R. Prol		Transaction ID: D77553 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 135 Walnut Ct		Amount of Each Disbursement this Period 945.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code Highland Park NJ 08904	Purpose of Disbursement Salary Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Matthew R. Prol		Transaction ID: D77540 Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2007
Mailing Address 135 Walnut Ct		Amount of Each Disbursement this Period 945.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code Highland Park NJ 08904	Purpose of Disbursement Salary Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	2099.95
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

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

Full Name (Last, First, Middle Initial) A. Matthew R. Prol		Transaction ID: D77525 Date of Disbursement 03 / 01 / 2007
Mailing Address 135 Walnut Ct		Amount of Each Disbursement this Period 171.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Highland Park	State NJ	
Zip Code 08904	Category/Type	
Purpose of Disbursement Education Expense		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Matthew R. Prol		Transaction ID: D77579 Date of Disbursement 03 / 30 / 2007
Mailing Address 135 Walnut Ct		Amount of Each Disbursement this Period 945.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Highland Park	State NJ	
Zip Code 08904	Category/Type	
Purpose of Disbursement Salary		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Matthew R. Prol		Transaction ID: D77204 Date of Disbursement 01 / 19 / 2007
Mailing Address 135 Walnut Ct		Amount of Each Disbursement this Period 945.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Highland Park	State NJ	
Zip Code 08904	Category/Type	
Purpose of Disbursement Salary		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	2062.70
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

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

Full Name (Last, First, Middle Initial) A. Matthew R. Prol		Transaction ID: D77185 Date of Disbursement 01 / 01 / 2007
Mailing Address 135 Walnut Ct		Amount of Each Disbursement this Period 171.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Highland Park	State NJ	
Zip Code 08904	Category/Type	
Purpose of Disbursement Education expense		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Matthew R. Prol		Transaction ID: D77195 Date of Disbursement 01 / 05 / 2007
Mailing Address 135 Walnut Ct		Amount of Each Disbursement this Period 945.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Highland Park	State NJ	
Zip Code 08904	Category/Type	
Purpose of Disbursement Salary		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Matthew R. Prol		Transaction ID: D77263 Date of Disbursement 02 / 16 / 2007
Mailing Address 135 Walnut Ct		Amount of Each Disbursement this Period 945.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Highland Park	State NJ	
Zip Code 08904	Category/Type	
Purpose of Disbursement Salary		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	2062.70
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)

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

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

Full Name (Last, First, Middle Initial) A. Matthew R. Prol		Transaction ID: D77250 Date of Disbursement MM / DD / YYYY 02 / 15 / 2007
Mailing Address 135 Walnut Ct		Amount of Each Disbursement this Period 96.03 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Highland Park State NJ Zip Code 08904	Purpose of Disbursement Reimbursement Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Matthew R. Prol		Transaction ID: D77236 Date of Disbursement MM / DD / YYYY 02 / 02 / 2007
Mailing Address 135 Walnut Ct		Amount of Each Disbursement this Period 945.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Highland Park State NJ Zip Code 08904	Purpose of Disbursement Salary Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Matthew R. Prol		Transaction ID: D77229 Date of Disbursement MM / DD / YYYY 02 / 01 / 2007
Mailing Address 135 Walnut Ct		Amount of Each Disbursement this Period 171.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Highland Park State NJ Zip Code 08904	Purpose of Disbursement Education Expense Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1213.08
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)

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

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

Full Name (Last, First, Middle Initial)

A. Public Storage

Mailing Address 2629 US Highway 1

City Lawrenceville State NJ Zip Code 08648-4104

Purpose of Disbursement
Storage

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D77255

Date of Disbursement

02 / 15 / 2007

Amount of Each Disbursement this Period

227.35

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

Full Name (Last, First, Middle Initial)

B. Public Storage

Mailing Address 2629 US Highway 1

City Lawrenceville State NJ Zip Code 08648-4104

Purpose of Disbursement
Storage

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D77183

Date of Disbursement

01 / 01 / 2007

Amount of Each Disbursement this Period

227.35

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

Full Name (Last, First, Middle Initial)

C. Public Storage

Mailing Address 2629 US Highway 1

City Lawrenceville State NJ Zip Code 08648-4104

Purpose of Disbursement
Storage

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D77210

Date of Disbursement

01 / 23 / 2007

Amount of Each Disbursement this Period

227.35

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

SUBTOTAL of Disbursements This Page (optional) ►

682.05

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

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

Full Name (Last, First, Middle Initial) A. Quincy Mutual Insurance		Transaction ID: D77242	
Mailing Address 57 Washington St		Date of Disbursement 02 / 08 / 2007	
City Quincy	State MA	Zip Code 02169-5303	Amount of Each Disbursement this Period 135.00
Purpose of Disbursement Insurance	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/Type		

Full Name (Last, First, Middle Initial) B. Zsuzsi Raynor		Transaction ID: D77259	
Mailing Address 33 Zion Wertsville Rd		Date of Disbursement 02 / 15 / 2007	
City Skillman	State NJ	Zip Code 08558	Amount of Each Disbursement this Period 180.00
Purpose of Disbursement Fundraising/Catering	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/Type		

Full Name (Last, First, Middle Initial) C. Zsuzsi Raynor		Transaction ID: D77232	
Mailing Address 33 Zion Wertsville Rd		Date of Disbursement 02 / 01 / 2007	
City Skillman	State NJ	Zip Code 08558	Amount of Each Disbursement this Period 330.00
Purpose of Disbursement Fundraising/Catering	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/Type		

SUBTOTAL of Disbursements This Page (optional)	645.00
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

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

Full Name (Last, First, Middle Initial) A. Sodexho, Inc. & Affiliates		Transaction ID: D77211 Date of Disbursement 01 / 23 / 2007	
Mailing Address PO Box 905374		Amount of Each Disbursement this Period 2686.51	
City Charlotte State NC Zip Code 28290-5374	Purpose of Disbursement Event Catering	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. Staples		Transaction ID: D77194 Date of Disbursement 01 / 03 / 2007	
Mailing Address 2495 US Highway 1		Amount of Each Disbursement this Period 299.30	
City Lawrenceville State NJ Zip Code 08648-4001	Purpose of Disbursement Office supplies	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) C. Staples		Transaction ID: D77258 Date of Disbursement 02 / 15 / 2007	
Mailing Address 2495 US Highway 1		Amount of Each Disbursement this Period 158.61	
City Lawrenceville State NJ Zip Code 08648-4001	Purpose of Disbursement Office supplies	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	3144.42
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)

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

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

Full Name (Last, First, Middle Initial) A. Staples		Transaction ID: D77542 Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2007
Mailing Address 2495 US Highway 1		Amount of Each Disbursement this Period 55.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lawrenceville State NJ Zip Code 08648-4001		
Purpose of Disbursement Office supplies Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Staples		Transaction ID: D77556 Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 2495 US Highway 1		Amount of Each Disbursement this Period 457.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Lawrenceville State NJ Zip Code 08648-4001			
Purpose of Disbursement Office supplies Candidate Name			Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. State of New Jersey-927		Transaction ID: D77225 Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2007	
Mailing Address PO Box 632		Amount of Each Disbursement this Period 1051.03 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Trenton State NJ Zip Code 08646-0632			
Purpose of Disbursement Taxes Candidate Name			Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1563.49
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

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

Full Name (Last, First, Middle Initial) A. The Catering Company		Transaction ID: D77223 Date of Disbursement 01 / 29 / 2007
Mailing Address PO Box 174		Amount of Each Disbursement this Period 1676.34
City Blawenburg State NJ Zip Code 08504-0174	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising catering Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. The Institute for Children - RUDM		Transaction ID: D77549 Date of Disbursement 03 / 15 / 2007
Mailing Address 121 Somerset St		Amount of Each Disbursement this Period 400.00
City New Brunswick State NJ Zip Code 08901	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Advertisement Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Tre Piani		Transaction ID: D77551 Date of Disbursement 03 / 15 / 2007
Mailing Address 120 Rockingham Row		Amount of Each Disbursement this Period 500.00
City Princeton State NJ Zip Code 08540-5732	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising/catering Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2576.34
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

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

Full Name (Last, First, Middle Initial) A. Tre Piani		Transaction ID: D77577 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address 120 Rockingham Row		Amount of Each Disbursement this Period 2000.00
City Princeton State NJ Zip Code 08540-5732	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising/catering Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. United States Treasury		Transaction ID: D77226 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 7
Mailing Address PO Box 149195		Amount of Each Disbursement this Period 255.41
City Austin State TX Zip Code 78714-9195	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUTA tax Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: D77180 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 7
Mailing Address 51 Chubb Way Branchburg TMK Center		Amount of Each Disbursement this Period 116.93
City Branchburg State NJ Zip Code 08876-3903	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone expense Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2372.34
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

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: D77221 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 7
Mailing Address 51 Chubb Way Branchburg TMK Center		Amount of Each Disbursement this Period 110.30
City Branchburg State NJ Zip Code 08876-3903	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone expense Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Verizon		Transaction ID: D77219 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 7
Mailing Address PO Box 29491		Amount of Each Disbursement this Period 101.61
City Shawned State KS Zip Code 66201-5491	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone expense Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Verizon		Transaction ID: D77241 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 7
Mailing Address PO Box 29491		Amount of Each Disbursement this Period 941.99
City Shawned State KS Zip Code 66201-5491	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone expense Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1153.90
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

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

Full Name (Last, First, Middle Initial) A. Verizon		Transaction ID: D77254 Date of Disbursement 02 / 15 / 2007
Mailing Address PO Box 29491		Amount of Each Disbursement this Period 101.87
City Shawned State KS Zip Code 66201-5491	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone expense Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Verizon		Transaction ID: D77552 Date of Disbursement 03 / 15 / 2007
Mailing Address PO Box 29491		Amount of Each Disbursement this Period 101.74
City Shawned State KS Zip Code 66201-5491	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone expense Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Verizon		Transaction ID: D77536 Date of Disbursement 03 / 01 / 2007
Mailing Address PO Box 29491		Amount of Each Disbursement this Period 145.78
City Shawned State KS Zip Code 66201-5491	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone expense Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	349.39
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)

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

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

Full Name (Last, First, Middle Initial) A. Verizon		Transaction ID: D77537 Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2007
Mailing Address PO Box 29491		Amount of Each Disbursement this Period 110.30
City Shawned State KS Zip Code 66201-5491	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone expense Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Winpisinger & Associates, Inc		Transaction ID: D77527 Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2007
Mailing Address 315 Inspiration Ln		Amount of Each Disbursement this Period 500.00
City Gaithersburg State MD Zip Code 20878-5808	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Administration/Compliance Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Winpisinger & Associates, Inc		Transaction ID: D77252 Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2007
Mailing Address 315 Inspiration Ln		Amount of Each Disbursement this Period 500.00
City Gaithersburg State MD Zip Code 20878-5808	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Administration/Compliance Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1110.30
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

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

Full Name (Last, First, Middle Initial) A. Winpisinger & Associates, Inc		Transaction ID: D77202	
Mailing Address 315 Inspiration Ln		Date of Disbursement	
City Gaithersburg State MD Zip Code 20878-5808		01 / 11 / 2007	
Purpose of Disbursement Administration/Compliance		Amount of Each Disbursement this Period	
Candidate Name		500.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type	
State: District:			

Full Name (Last, First, Middle Initial) B. Alison Zayas		Transaction ID: D77205	
Mailing Address 110 S 2nd Ave		Date of Disbursement	
City Highland Park State NJ Zip Code 08904-2223		01 / 19 / 2007	
Purpose of Disbursement Salary		Amount of Each Disbursement this Period	
Candidate Name		847.13	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type	
State: District:			

Full Name (Last, First, Middle Initial) C. Alison Zayas		Transaction ID: D77208	
Mailing Address 110 S 2nd Ave		Date of Disbursement	
City Highland Park State NJ Zip Code 08904-2223		01 / 23 / 2007	
Purpose of Disbursement Reimbursement		Amount of Each Disbursement this Period	
Candidate Name		213.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type	
State: District:			

SUBTOTAL of Disbursements This Page (optional)	1560.13
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

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

Full Name (Last, First, Middle Initial) A. Alison Zayas		Transaction ID: D77196 Date of Disbursement 01 / 05 / 2007
Mailing Address 110 S 2nd Ave		Amount of Each Disbursement this Period 847.13
City Highland Park State NJ Zip Code 08904-2223	Purpose of Disbursement Salary Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Alison Zayas		Transaction ID: D77186 Date of Disbursement 01 / 01 / 2007
Mailing Address 110 S 2nd Ave		Amount of Each Disbursement this Period 177.66
City Highland Park State NJ Zip Code 08904-2223	Purpose of Disbursement Education expense Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Alison Zayas		Transaction ID: D77198 Date of Disbursement 01 / 05 / 2007
Mailing Address 110 S 2nd Ave		Amount of Each Disbursement this Period 75.16
City Highland Park State NJ Zip Code 08904-2223	Purpose of Disbursement Education expense Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	1099.95
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

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

Full Name (Last, First, Middle Initial) A. Alison Zayas		Transaction ID: D77264 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 7
Mailing Address 110 S 2nd Ave		Amount of Each Disbursement this Period 847.13 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Highland Park	State NJ	
Zip Code 08904-2223		
Purpose of Disbursement Salary Candidate Name _____ Category/Type _____		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) B. Alison Zayas		Transaction ID: D77237 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 7
Mailing Address 110 S 2nd Ave		Amount of Each Disbursement this Period 847.13 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Highland Park	State NJ	
Zip Code 08904-2223		
Purpose of Disbursement Salary Candidate Name _____ Category/Type _____		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) C. Alison Zayas		Transaction ID: D77230 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address 110 S 2nd Ave		Amount of Each Disbursement this Period 177.76 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Highland Park	State NJ	
Zip Code 08904-2223		
Purpose of Disbursement Education Expense Candidate Name _____ Category/Type _____		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

SUBTOTAL of Disbursements This Page (optional) ▶	1872.02
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

Full Name (Last, First, Middle Initial) A. Alison Zayas		Transaction ID: D77526 Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2007
Mailing Address 110 S 2nd Ave		Amount of Each Disbursement this Period 177.76
City Highland Park State NJ Zip Code 08904-2223	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Education Expense Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Alison Zayas		Transaction ID: D77541 Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2007
Mailing Address 110 S 2nd Ave		Amount of Each Disbursement this Period 847.13
City Highland Park State NJ Zip Code 08904-2223	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Salary Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Alison Zayas		Transaction ID: D77554 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 110 S 2nd Ave		Amount of Each Disbursement this Period 847.13
City Highland Park State NJ Zip Code 08904-2223	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Salary Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1872.02
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)

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

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

Full Name (Last, First, Middle Initial) A. Alison Zayas		Transaction ID: D77578 Date of Disbursement 03 / 30 / 2007	
Mailing Address 110 S 2nd Ave		Amount of Each Disbursement this Period 847.13	
City Highland Park State NJ Zip Code 08904-2223	Purpose of Disbursement Salary	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. Margaret L Lancefield		Transaction ID: D77213 Date of Disbursement 01 / 23 / 2007	
Mailing Address 273 Pennington Rocky Hill Rd		Amount of Each Disbursement this Period 393.83	
City Pennington State NJ Zip Code 08534-1813	Purpose of Disbursement Fundraising event expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) C. Sam's Club		Transaction ID: D77643 Date of Disbursement 03 / 27 / 2007	
Mailing Address Route 1		Amount of Each Disbursement this Period 217.87	
City West Windsor State NJ Zip Code 08550	Purpose of Disbursement Holiday party refreshments	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type [MEMO ITEM]	

SUBTOTAL of Disbursements This Page (optional)	1240.96
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

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

A. Full Name (Last, First, Middle Initial)
Matthew R. Prol

Mailing Address 135 Walnut Ct

City Highland Park State NJ Zip Code 08904

Purpose of Disbursement Expenses (see below)

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: D77523

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

Mailing Address 2495 US Highway 1

City Lawrenceville State NJ Zip Code 08648-4001

Purpose of Disbursement Office supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: D77628

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

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

Mailing Address 2495 US Highway 1

City Lawrenceville State NJ Zip Code 08648-4001

Purpose of Disbursement Office supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: D77629

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

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

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

Full Name (Last, First, Middle Initial) A. Alison Zayas		Transaction ID: D77574 Date of Disbursement 03 / 27 / 2007	
Mailing Address 110 S 2nd Ave		Amount of Each Disbursement this Period 178.92	
City Highland Park State NJ Zip Code 08904-2223	Purpose of Disbursement Expense Reimbursement	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) B. FedEx Kinkos		Transaction ID: D77647 Date of Disbursement 03 / 27 / 2007	
Mailing Address 212 State Highway 18		Amount of Each Disbursement this Period 178.92	
City E Brunswick State NJ Zip Code 08816	Purpose of Disbursement Photocopying	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type [MEMO ITEM]	

Full Name (Last, First, Middle Initial) C. Matthew R. Prol		Transaction ID: D77575 Date of Disbursement 03 / 27 / 2007	
Mailing Address 135 Walnut Ct		Amount of Each Disbursement this Period 717.12	
City Highland Park State NJ Zip Code 08904	Purpose of Disbursement Expense Reimbursement	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

SUBTOTAL of Disbursements This Page (optional) ▶	896.04
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)

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

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

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

Mailing Address 3495 US Route 1

City Princeton State NJ Zip Code 08540

Purpose of Disbursement Photocopying

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2008

Primary General

Other (specify) ▼

Transaction ID: D77645

Date of Disbursement

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
0	3		2	7		2	0	0	7

Amount of Each Disbursement this Period

575.12

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)

60127.66

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

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

Full Name (Last, First, Middle Initial) A. ARCURI FOR CONGRESS		Transaction ID: D77558 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7
Mailing Address 2617 CRESTWAY		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City UTICA State NY Zip Code 13501	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Michael Angelo Arcuri		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. CARNEY FOR CONGRESS		Transaction ID: D77559 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7
Mailing Address PO BOX 38		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City DIMOCK State PA Zip Code 18816	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Christopher Carney		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. CITIZENS FOR ALTMIRE		Transaction ID: D77557 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7
Mailing Address PO BOX 1776		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City FREEDOM State PA Zip Code 15042	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Jason Altmire		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 4	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
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 type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

A. COMMITTEE TO ELECT CHRIS MURPHY

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 127

City CHESHIRE State CT Zip Code 06410

Purpose of Disbursement
Contribution

Candidate Name
Christopher Scott Murphy

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: CT District: 5

Transaction ID: D77566

Date of Disbursement

03 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

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

B. COURTNEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 38 RISLEY ROAD

City VERNON State CT Zip Code 06066

Purpose of Disbursement
Contribution

Candidate Name
Joseph D. Courtney

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: CT District: 2

Transaction ID: D77560

Date of Disbursement

03 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

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

C. Democratic Congressional Campaign Cmte

Full Name (Last, First, Middle Initial)

Mailing Address 430 S Capitol St SE
Flr 2

City Washington State DC Zip Code 20003-4024

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D77576

Date of Disbursement

03 / 27 / 2007

Amount of Each Disbursement this Period

17860.00

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

SUBTOTAL of Disbursements This Page (optional) ►

19860.00

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

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

Full Name (Last, First, Middle Initial) A. ELLSWORTH FOR CONGRESS COMMITTEE		Transaction ID: D77562 Date of Disbursement 03 / 23 / 2007
Mailing Address PO BOX 62		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City EVANSVILLE State IN Zip Code 47708	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Brad Ellsworth		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 8	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Florida 13 Recount Fund		Transaction ID: D77214 Date of Disbursement 01 / 23 / 2007
Mailing Address 430 S. Capitol Street, SE		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Harry Mitchell for Congress		Transaction ID: D77565 Date of Disbursement 03 / 23 / 2007
Mailing Address PO BOX 23748		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tempe State AZ Zip Code 85285	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Harry E. Mitchell		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 5	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
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 type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

A. HEATH SHULER FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 97

City HAZELWOOD State NC Zip Code 28738

Purpose of Disbursement
Contribution

Candidate Name
Joseph Heath Shuler

Office Sought: House
 Senate
 President

State: NC District: 11

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: D77568

Date of Disbursement

03 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

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

B. JOE DONNELLY FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1961
CENTURY BUILDING

City South Bend State IN Zip Code 46634

Purpose of Disbursement
Contribution

Candidate Name
Joseph Simon Donnelly

Office Sought: House
 Senate
 President

State: IN District: 2

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: D77561

Date of Disbursement

03 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

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

C. MCNERNEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement
Contribution

Candidate Name
Jerry McNerney

Office Sought: House
 Senate
 President

State: CA District: 11

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: D77564

Date of Disbursement

03 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

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

SUBTOTAL of Disbursements This Page (optional)

3000.00

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

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

A. PATRICK MURPHY FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 868

City LEVITTOWN State PA Zip Code 19058

Purpose of Disbursement
Contribution

Candidate Name
Patrick J. Murphy

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: PA District: 8

Transaction ID: D77567

Date of Disbursement

03 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

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

B. PAUL HODES FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 26 SOUTH MAIN STREET, #253

City Concord State NH Zip Code 03301

Purpose of Disbursement
Contribution

Candidate Name
Paul W. Hodes

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NH District: 2

Transaction ID: D77563

Date of Disbursement

03 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

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

C. CAROL SHEA-PORTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 453

City Rochester State NH Zip Code 03866

Purpose of Disbursement
Contribution

Candidate Name
Carol Shea-Porter

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NH District: 1

Transaction ID: D77571

Date of Disbursement

03 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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NAME OF COMMITTEE (In Full)
Rush Holt for Congress

Full Name (Last, First, Middle Initial) A. TIM WALZ FOR US CONGRESS		Transaction ID: D77570 Date of Disbursement
Mailing Address PO BOX 938		<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2007"/>
City MANKATO	State MN	Zip Code 56002
Purpose of Disbursement Contribution	<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name Timothy J. Walz	Category/Type	<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: MN	District: 1	

Full Name (Last, First, Middle Initial) B. ZACK SPACE FOR CONGRESS COMMITTEE		Transaction ID: D77569 Date of Disbursement
Mailing Address 714 N WOOSTER AVENUE		<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2007"/>
City DOVER	State OH	Zip Code 44622
Purpose of Disbursement Contribution	<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name Zachary T. Space	Category/Type	<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: OH	District: 18	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="33860.00"/>