

RECEIVED

2010 NOV -3 AM 8:45

FEC MAIL CENTER

Peter DeStefano for Congress
P.O. Box 576
Lumberton, NJ 08048
(609)845-7242

October 28, 2010

Jeff S. Jordan, Esq.
Federal Election Commission
Complaints Examination & Legal Administration
999 E. Street, NW
Washington, D.C. 20463

RE: DeStefano for Congress
MUR 6400

Dear Mr. Jordan:

I am in receipt of your letter of October 26, 2010, advising me that you received a complaint regarding my campaign from the New Jersey State Republican Committee. The following is my response thereto:

To begin with, I have not received assistance of any kind from Mr. Adler, nor any person who I know to be connected with Mr. Adler's campaign. Neither Mr. Ayscue nor Mr. Mackler, nor any other person connected with Mr. Adler's campaign have worked on my campaign, contributed money or anything else, or in any way assisted my campaign.

I am enclosing a copy of my recently filed FEC Form 3 which demonstrates how little money was involved overall. Including in-kind contributions, I have raised \$3,361.80 and spent \$3,286.89 to date, excluding the cost of photocopying and posting this letter. Of that money, \$2,386.40 came from my own funds. The remaining \$900.49 came from contributions, which were all listed, and which were all from friends and family members. I also owe \$557.25 for printing which I will probably wind up paying out of my own funds as well.

The complaint against me is politically motivated and based on nothing. Clearly my candidacy has ruffled some feathers, as it was intended to do. I decided to run because I didn't see that the two major candidates had anything to offer, and I thought I could raise some issues. While I am willing to cooperate with you in this investigation, having done nothing wrong, I hope that neither you nor I will be forced to expend too much time on a pointless exercise.

Thank you very much.

Very truly yours,

Peter DeStefano
Peter DeStefano

enc.

OFFICE OF GENERAL
COUNSEL

2010 NOV -3 AM 10:21

RECEIVED
FEDERAL ELECTION
COMMISSION

11044293939

RECEIVED

2010 NOV -3 AM 8:45

FEC MAIL CENTER

FEC
FORM 3REPORT OF RECEIPTS
AND DISBURSEMENTS
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

PETER DESTEFANO FOR CONGRESS

ADDRESS (number and street)

P.O. BOX 576

Check if different
than previously
reported. (ACC)

LUMBERTON

NJ

08048-1

2. FEC IDENTIFICATION NUMBER ▼

C00488254

CITY ▲ STATE ▲ ZIP CODE ▲

IS THIS REPORT ☒ NEW (N) OR AMENDED (A) STATE ▼ DISTRICT

NJ 103

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)

Conversion (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

04 03 2010

through

10 18 2010

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

Peter M. Destefano

Signature of Treasurer



Date

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

Office
Use
OnlyFEC FORM 3
(Revised 02/2003)

FESAN015

11044293940

SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

Page 2

Write or Type Committee Name

Peter DeStefano For Congress

Report Covering the Period:

From:

04 05 2010

To:

10 18 2010

	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))	3,361.80	3,361.80
(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))	3,361.80	3,361.80
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	3,286.89	3,286.89
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	3,286.89	3,286.89
8. Cash on Hand at Close of Reporting Period (from Line 27)	7491	
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)	557.25	

For further information contact:

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

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

11044293941

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

Peter De Stefano For Congress

Report Covering the Period:

From:

04 05 2010

To:

10 18 2010

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)	975.40	975.40
(ii) Unitemized	0.00	0.00
(iii) TOTAL of contributions from individuals	975.40	975.40
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) The Candidate	2386.40	2386.40
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)) ..	3361.80	3361.80
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate	0.00	0.00
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	3361.80	3361.80

DETAILED SUMMARY PAGE 2
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3,286.89	3,286.89
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.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	3,286.89	3,286.89

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3,361.80
25. SUBTOTAL (add Line 23 and Line 24).....	3,361.80
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3,286.89
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	74.91

11044293943

11044293944

SCHEDULE A (FEC Form 3)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE

OF

52

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

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

NAME OF COMMITTEE (in Full)

Peter De Stefano for Congress

Full Name (Last, First, Middle Initial)

A. De Stefano, Peter M.

Mailing Address

3806 Fenwick LN

City

Mt. Laurel, NJ

State

Zip Code

08054

FEC ID number of contributing
federal political committee.

N/A

C

Name of Employer

Self-Employed

Occupation

Picture Framer

Receipt For:

☐ Primary☒ General☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

07 07 2010

Amount of Each Receipt this Period

300.00

In Kind Paid Fee for
Burlington Farm Fair from
private account

Full Name (Last, First, Middle Initial)

B. De Stefano, Peter M.

Mailing Address

3806 Fenwick Lane

City

Mt. Laurel

State

Zip Code

08054

FEC ID number of contributing
federal political committee.

N/A

C

Name of Employer

Self-Employed

Occupation

Picture Framer

Receipt For:

☐ Primary☒ General☐ Other (specify)

Election Cycle-to-Date

330.00

Date of Receipt

07 07 2010

Amount of Each Receipt this Period

30.00

In Kind Contribution of
three reams of paper

Full Name (Last, First, Middle Initial)

C. De Stefano, Peter M.

Mailing Address

3806 Fenwick LN

City

Mt. Laurel

State

Zip Code

08054

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Picture Framer

Receipt For:

☐ Primary☒ General☐ Other (specify)

Election Cycle-to-Date

382.00

Date of Receipt

09 14 2010

Amount of Each Receipt this Period

52.00

SUBTOTAL of Receipts This Page (optional)

382.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 2 OF 6
(check only one)
☐ 11a ☐ 11b ☐ 11c ☒ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (in Full)

Peter De Stefano for Congress

Full Name (Last, First, Middle Initial)

De Stefano, Peter M

Mailing Address

3806 Fenwick LN

City

Mt. Laurel

State

NJ

Zip Code

08054

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Picture Framer

Receipt For:

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

482.00

Date of Receipt

09 24 2010

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

De Stefano, Peter M

Mailing Address

3806 Fenwick LN

City

Mt. Laurel

State

NJ

Zip Code

08054

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Picture Framer

Receipt For:

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

982.00

Date of Receipt

09 28 2010

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

De Stefano, Peter M

Mailing Address

3806 Fenwick LN

City

Mt. Laurel

State

NJ

Zip Code

08054

FEC ID number of contributing
federal political committee.

N/A C

Name of Employer

Self-Employed

Occupation

Picture Framer

Receipt For:

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

1482.00

Date of Receipt

09 30 2010

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1,100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

PAGE 3 OF 6

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

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NAME OF COMMITTEE (in Full)

Peter DeStefano for Congress

Full Name (Last, First, Middle Initial)

DeStefano, Peter M

A.

Mailing Address

3806 Fenwick LN

City

McLaurel

State

NJ

Zip Code

08054

FEC ID number of contributing
federal political committee.

N/A C

Name of Employer

Self-Employed

Occupation

Picture Framer

Receipt For:

☐ Primary

☒ General

Other (specify)

Election Cycle-to-Date

2,382.00

Date of Receipt

10 08 2010

Amount of Each Receipt this Period

900.00

Full Name (Last, First, Middle Initial)

DeStefano, Peter M.

B.

Mailing Address

3806 Fenwick LN

City

McLaurel

State

NJ

Zip Code

08054

FEC ID number of contributing
federal political committee.

N/A C

Name of Employer

Self-Employed

Occupation

Picture Framer

Receipt For:

☐ Primary

☒ General

Other (specify)

Election Cycle-to-Date

2,386.40

Date of Receipt

10 15 2010

Amount of Each Receipt this Period

4.40

In kind: Paid to for material
from staples from
private funds

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

Other (specify)

Election Cycle-to-Date

Date of Receipt

M

Amount of Each Receipt this Period

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

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

904.40

11044293946

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

PAGE 4 OF 6

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

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NAME OF COMMITTEE (in Full)

Peter De Stefano for Congress

Full Name (Last, First, Middle, Initial)

A. Melpeto, Glen

Mailing Address

206 California Trail

City

Browns Mills

State

NJ

Zip Code

08554

FEC ID number of contributing
federal political committee.

NIA C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

200.00

Date of Receipt

07 07 2010
(Approximate Date)

Amount of Each Receipt this Period

200.00
In Kind Contribution
Paid for voting list from
Clerk's Office

Full Name (Last, First, Middle, Initial)

B. Cohn, Mark

Mailing Address

942 Woodlawn Rd

City

Mt. Holly

State

NJ

Zip Code

08060

FEC ID number of contributing
federal political committee.

NIA C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

150.00

Date of Receipt

07 07 2010

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle, Initial)

C. Visconte, Barbara

Mailing Address

100 Clovendale LN

City

Williamstown

State

NJ

Zip Code

08094

FEC ID number of contributing
federal political committee.

NIA C

Name of Employer

Self

Occupation

Nursing Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

50.00

Date of Receipt

07 08 2010

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 6

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

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NAME OF COMMITTEE (in Full)

Peter De Stefano for Congress

Full Name (Last, First, Middle Initial)

A. Vali, Rita

Mailing Address

300 Rio Grande Ave

City

Rio Grande

State

NJ

Zip Code

08094

FEC ID number of contributing
federal political committee.

N/A C

Name of Employer

Brue Cassidy, Esq.

Occupation

Bank Keeper

Receipt For:

☐ Primary

☒ General

Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

09 08 2010

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Young, Regan

Mailing Address

456 A High St.

City

Mt. Holly

State

NJ

Zip Code

08060

FEC ID number of contributing
federal political committee.

N/A C

Name of Employer

Self-Employed

Occupation

Architect

Receipt For:

☐ Primary

☒ General

Other (specify)

Election Cycle-to-Date

50.00

Date of Receipt

09 13 2010

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Monica De Stefano

Mailing Address

3806 Fenwick LN

City

Mt. Laurel

State

NJ

Zip Code

08054

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brue Cassidy, Esq.

Occupation

Secretary

Receipt For:

☐ Primary

☒ General

Other (specify)

Election Cycle-to-Date

84.35

Date of Receipt

10 08 2010

Amount of Each Receipt this Period

84.35

In Kind Contribution
of Decorations For
Fundraising

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

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

384.35

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

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

FOR LINE NUMBER:
(check only one)

PAGE **6** OF **6**

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

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NAME OF COMMITTEE (in Full)

Peter De Stefano for Congress

Full Name (Last, First, Middle Initial)

Monica De Stefano

Mailing Address

3806 Fenwick Ln

City

Mt. Laurel

State

NJ

Zip Code

08054

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bruce Cassidy Esq.

Occupation

Secretary

Receipt For:

☐ Primary

☒ General

☐ Other (specify)

Election Cycle-to-Date

13569

Date of Receipt

10 08 2010

Amount of Each Receipt this Period

51.34
In Kind Contribution
of Decorations for
Fundraiser

Full Name (Last, First, Middle Initial)

Monica De Stefano

Mailing Address

3806 Fenwick Ln

City

Mt. Laurel

State

NJ

Zip Code

08054

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bruce Cassidy Esq.

Occupation

Secretary

Receipt For:

☐ Primary

☒ General

☐ Other (specify)

Election Cycle-to-Date

19472

Date of Receipt

10 08 2010

Amount of Each Receipt this Period

59.03
In Kind Donation of
Food for Fundraiser

Full Name (Last, First, Middle Initial)

Monica De Stefano

Mailing Address

3806 Fenwick Ln

City

Mt. Laurel

State

NJ

Zip Code

08054

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bruce Cassidy Esq.

Occupation

Secretary

Receipt For:

☐ Primary

☒ General

☐ Other (specify)

Election Cycle-to-Date

27540

Date of Receipt

10 08 2010

Amount of Each Receipt this Period

80.68
In Kind Contribution
of Wine for Fundraiser

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

191.05
336180

**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 1 OF 6
☒ 17
20a ☐ 18
20b ☐ 19a
20c ☐ 19b
21

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NAME OF COMMITTEE (in Full)

Peter De Stefano for Congress

Full Name (Last, First, Middle Initial)

A Burlington County Farm Fair

Date of Disbursement

07 07 2010

Mailing Address

City Lumberton State NJ Zip Code 08048

Amount of Each Disbursement this Period

300.00

Purpose of Disbursement

Fee For Table at Burlington Farm Fair

007

Candidate Name

Peter M. De Stefano

Category/Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☒ General
☐ Other (specify)

State: NJ District: 3rd

In Kind Contribution
from Candidate's personal
account

Full Name (Last, First, Middle Initial)

B. Burlington County Clerk

Date of Disbursement

07 07 2010 (approx)

Mailing Address

49 Rancocas rd

City Mt. Holly, NJ State NJ Zip Code 08060

Amount of Each Disbursement this Period

200.00

Purpose of Disbursement

Voter List

001

Candidate Name

Peter M. De Stefano

Category/Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☒ General
☐ Other (specify)

State: NJ District: 3rd

In Kind Contribution
Voter list paid for
by Glen Mulpet

Full Name (Last, First, Middle Initial)

C. Staples

Date of Disbursement

Mailing Address

Fairgrounds Plaza, Rt 138 St.

City Mt. Holly State NJ Zip Code 08060

Amount of Each Disbursement this Period

30.00

Purpose of Disbursement

Purchase of 3 Reams of Paper

006

Candidate Name

Peter M. De Stefano

Category/Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State: District:

Approximate. Purchase
Receipt Lost.
In Kind Contribution by
Candidate from personal fund.

SUBTOTAL of Disbursements This Page (optional)

530.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 2 OF 6

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Peter De Stefano for Congress

Full Name (Last, First, Middle Initial)

A. Del Val Designs

Mailing Address 8 M. 11 St.

City Mt. Holly State NJ Zip Code 08060

Purpose of Disbursement Printing of Banner and Cards, Purchased bumper stickers 006

Candidate Name Peter M. De Stefano

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

State: NJ District: 3rd

Date of Disbursement

07 21 2010

Amount of Each Disbursement this Period

502.60

B. The Indian Chief

Mailing Address Rt. 70

City Medford State NJ Zip Code 08055

Purpose of Disbursement Deposit for Catering and facility for fund raising 003

Candidate Name Peter M. DeStefano

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

State: NJ District: 3rd

Date of Disbursement

09 12 2010

Amount of Each Disbursement this Period

100.00

C. Sign A RAMA

Mailing Address PO Box 360

City Hainesport State NJ Zip Code 08036

Purpose of Disbursement Campaign Signs 006

Candidate Name Peter R. De Stefano

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

State: NJ District: 3rd

Date of Disbursement

09 30 2010

Amount of Each Disbursement this Period

600.00

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

1,202.60

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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20a ☐ 18
20b ☐ 19a
20c ☐ 19b
21

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NAME OF COMMITTEE (in Full)

Peter De Stefano for Congress

Full Name (Last, First, Middle Initial)

A. Party City

Mailing Address

1560 Nixon Dr

City

Moorestown

State

NJ

Zip Code

08057

Purpose of Disbursement

Declarations For Fundraiser

Candidate Name

Peter M. DeStefano

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☒ General
☐ Other (specify)

State:

NJ

District:

3rd

Date of Disbursement

10 08 2010

Amount of Each Disbursement this Period

84.35
In Kind Contribution
by Monica DeStefano

Full Name (Last, First, Middle Initial)

B. Walmart

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Declarations For Fundraiser

Candidate Name

Peter M. DeStefano

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☒ General
☐ Other (specify)

State:

NJ

District:

3rd

Date of Disbursement

10 08 2010

Amount of Each Disbursement this Period

51.34
In Kind Contribution
by Monica DeStefano

Full Name (Last, First, Middle Initial)

C. Ben Sutton Entertainment

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Band For Fundraiser

Candidate Name

Peter M. DeStefano

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☒ General
☐ Other (specify)

State:

NJ

District:

3rd

Date of Disbursement

10 08 2010

Amount of Each Disbursement this Period

125.00

SUBTOTAL of Disbursements This Page (optional)

260.69

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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NAME OF COMMITTEE (If Full)

> Peter M. DeStefano

Full Name (Last, First, Middle Initial)

A. C BK Embroidery

Mailing Address

Haddonfield Rd

City

Cherry Hill

State

NJ

Zip Code

Purpose of Disbursement

T-Shirts for Campaign

Candidate Name

Peter M. DeStefano

006

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☒ General
☐ Other (specify)

State:

NJ

District:

3rd

Full Name (Last, First, Middle Initial)

B. Shop Rite

Mailing Address

Route 70

City

Medford

State

NJ

Zip Code

08055

Purpose of Disbursement

Food for Fundraiser

Candidate Name

Peter M. DeStefano

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☒ General
☐ Other (specify)

State:

NJ

District:

3rd

Full Name (Last, First, Middle Initial)

C. Carol's Discount Liquors

Mailing Address

1500 Rt 38 East

City

Hainesport

State

NJ

Zip Code

08036

Purpose of Disbursement

Wine for Fundraiser

Candidate Name

Peter M. DeStefano

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☒ General
☐ Other (specify)

State:

NJ

District:

3rd

SUBTOTAL of Disbursements This Page (optional)

239.71

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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17 18 18a 18b
20a 20b 20c 21

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NAME OF COMMITTEE (in Full)

Peter M. DeStefano

Full Name (Last, First, Middle Initial)

A. The Indian Chief

Date of Disbursement

10 08 2010

Mailing Address

Route 70

City

Medford

State

NJ

Zip Code

08055

Purpose of Disbursement

Rental of Room & Catering for Fundraiser

003

Candidate Name

Peter M. DeStefano

Category/
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☐ Other (specify)

State: NJ

District: 3rd

Amount of Each Disbursement this Period

919.50

Full Name (Last, First, Middle Initial)

B. Ferry Associates

Date of Disbursement

Mailing Address

PO Box 729

City

Medford

State

NJ

Zip Code

08055

Purpose of Disbursement

Campaign Materials: Pubs & Pens

006

Candidate Name

Peter M. DeStefano

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☐ Other (specify)

State: NJ

District: 3rd

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

C. Medford Shoprite Bakery

Date of Disbursement

Mailing Address

Rt. 70

10 08 2010

City

Medford

State

NJ

Zip Code

08055

Purpose of Disbursement

Cake for Fundraiser

003

Candidate Name

Peter M. DeStefano

Category/
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☐ Other (specify)

State: NJ

District: 3rd

Amount of Each Disbursement this Period

29.99

In kind Donation
From Mhic DeStefano

SUBTOTAL of Disbursements This Page (optional)

1,049.49

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)

PAGE 6 OF 6

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 19b 21

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NAME OF COMMITTEE (in Full)

Peter DeStefano For Congress

Full Name (Last, First, Middle Initial)

A.

Stophes

Date of Disbursement

10152010

Mailing Address

Fairgrounds Plaza, High St.

City

Mt. Holy

State

NS

Zip Code

08060

Amount of Each Disbursement this Period

4.40

Purpose of Disbursement

Fax Service

001

Candidate Name

Peter M. DeStefano

Category/
Type

In Kind From
Candidate's Personal Funds

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☒ General
☐ Other (specify)

State:

NS

District:

3rd

Full Name (Last, First, Middle Initial)

B.

N/A

Date of Disbursement

Mailing Address

City

State

Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

C.

N/A

Date of Disbursement

Mailing Address

City

State

Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

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

4.40

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

328689

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

PAGE 9F

FOR LINE NUMBER:
(check only one)

☒ 10

NAME OF COMMITTEE (in full)

Peter De Stefano for Congress

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

Ferry Associates

Mailing Address

PO Box 729

City

State

Medford, NJ

Zip Code

08055

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period

657.25

Payment This Period

10000

Outstanding Balance at Close of This Period

557.25

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)

557.25

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

557.25

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

0.00

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

557.25

FEC Schedule D (Form 3) (Revised 02/2003)

SCHEDULE C-1 (FEC Form 3)

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for
Information found on
Page 1 of Schedule C

NAME OF COMMITTEE (In Full) <i>Peter De Stefano for Congress</i>		FEC IDENTIFICATION NUMBER <i>C</i>
LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR)
Mailing Address	Date Incurred or Established	
City State Zip Code	Date Due	
<p>A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred</p>		
<p>B. If line of credit, Amount of this Draw:</p>		Total Outstanding Balance:
<p>C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)</p>		
<p>D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify:</p>		<p>What is the value of this collateral?</p> <p>Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify:</p>		What is the estimated value?
<p>A depository account must be established pursuant to 11 CFR 100.83(e)(2) and 100.142(e)(2). Date account established:</p>		<p>Location of account: Address: City, State, Zip:</p>
<p>F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.</p>		
<p>G. COMMITTEE TREASURER Typed Name <i>Peter M DeStefano</i> Signature <i>Peter M DeStefano</i></p>		DATE
<p>H. Attach a signed copy of the loan agreement.</p>		
<p>I. TO BE SIGNED BY THE LENDING INSTITUTION:</p> <p>I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.</p> <p>II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.</p> <p>III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.</p>		
<p>AUTHORIZED REPRESENTATIVE Typed Name Signature</p>		<p>DATE <i>10 20 2010</i></p>

SCHEDULE C (FEC Form 3)
LOANS

NIA

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

PAGE 1 OF 1

FOR LINE NUMBER:
(check only one)

☐ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Peter De Stefano for Congress

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

Election:

Primary

General

Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

% (april)

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ►

TOTALS This Period (last page in this line only)..... ►

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

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