	TURES QUARTERLY REPORT			
NEW JERSEY ELECTION LAW ENFORCE	CEMENT COMMISSION	FOR STATE	E USE ONLY	
P O Box 185, Trenton, NJ 08625-0185 (609) 292-8700 or Toll Free Within NJ 1-888-31	3.FI FC (3537)			
Web site http://www.elec.state.nj.us/	5 Libbe (5552)			
COMMITTEE NAME OR APPROVED A	ACRONYM	۴	20	
Roman Count	Marie Damacanto	D	1.EO	
Dergen Colinty	CHECK IF DIFFERENT THAN PREVIOUSLY REPORTED	COM		
ADDRESS (number and street)	CHECK IF DIFFERENT THAN PREVIOUSLY REPORTED	777	_π ∺ ()	
14 Brinkerhor	f Avo	is R	n o 111	
CITY, STATE and ZIP CODE		ELEC IDENTIFICATION	MIMBERT S	
Tegneck NJ	07661	JO2000	302 N	
COMMITTEE TYPE	CHECK IF	REPORT QUARTER	0.5	
CPC PPC LLC	AMENDMENT	APR JUL	OCT IAN	
	FIRST REPORT FILED	YEAR 2006		
Do not attempt to complete the "Depos	itory Information" or the "Net Financial Summary	" until the appropriate sche	dules have been completed	
DEPOS	ITORY INFORMATION	COLUMN A	COLUMN B	
PERIOD COVERED	FROM THROUGH July 1 2006 Sept 30 2006	THIS REPORT	CALENDAR YEAR-TO-DATE	
1. CASH ON HAND, JANUAR	1, 2006		27,605.28	
2. CASH ON HAND, BEGINNIN	G OF REPORTING PERIOD	4416.28		
3. MONETARY RECEIPTS	(+)	11,400	49900	
4. SUBTOTAL		15,816.28	77 505 28	
5. MONETARY EXPENDITUR	ES (-)	6431.64	68120.64	
6. CASH ON HAND, CLOSE OF	REPORTING PERIOD	9384 64	938464	
NET FINA	NCIAL SUMMARY			
7. CASH ON HAND, CLOSE OF	REPORTING PERIOD		938464	
8. DEBT OWED TO COMMITT	DE .	(+)		
9. SUBTOTAL			938464	
10. DEBT OWED BY COMMITT	EE	(-)	9384 64 5000 4384.64	
11. TOTAL (Net Worth)			4384.64	
TREASURER'S CERTIFICATION I certify that the statements on this document are true, and that the contribution amounts received conform with the limitations designated by law. I am aware that if any of the statements are willfully false, I may be subject to punishment.				
10/16/06 <u>Cologar F</u>	DDINT NAME	SIGNATU	OF .	
/// 40 4	A CO C	_		
17 Brinke	PRINT NAME - hoff Are ADDRESS	01 803-269		
	APPRESS	*(AREA CODE) DAY TEI	LEPHINE NIIMSEK	

*(AREA CODE) EVENING TELEPHONE NUMBER

Do not attempt to complete Tables I and II until the appropriate schedules have been completed.

	TABLE I RECEIPTS	COLUMN A	COLUMN B
	MONETARY RECEIPTS	THIS REPORT	CALENDAR YEAR-TO-DATE
1	CONTRIBUTIONS, \$300 OR LESS	ı	100
2.	CONTRIBUTIONS, MORE THAN \$300	11,400	44800
2a.	CURRENCY CONTRIBUTIONS	_	-
3.	TOTAL (Add lmes 1, 2 and 2a)	11,400	44900
4	REFUND OF EXCESSIVE CONTRIBUTIONS (ADJUSTMENT SCHEDULE) (-)		-
5.	SUBTOTAL (Subtract line 4 from line 3)	11,400	44 900
	OTHER RECEIPTS		
6	REIMBURSEMENTS/REFUNDS	-	-
7.	DIVIDENDS/INTEREST	-	-
8.	LOANS RECEIVED BY COMMITTEE, \$300 OR LESS	-	-
9	LOANS RECEIVED BY COMMITTEE MORE THAN \$300 AND ALL CURRENCY LOANS	-	,
10	TOTAL MONETARY RECEIPTS (Add lines 5 through 9)	11,400	44900
11	IN-KIND CONTRIBUTIONS, \$300 OR LESS	<u></u>	-
12	IN-KIND CONTRIBUTIONS, MORE THAN \$300		
13.	GROSS RECEIPTS (Add lines 10, 11 and 12)	11,400	44900
	TABLE II EXPENDITURES		
14.	OPERATING DISBURSEMENTS	1431 64	2/05 59
	CONTRIBUTIONS (FROM THIS COMMITTEE) TO.		
15a.	NJ GUBERNATORIAL CANDIDATES/COMMITTEES		-
15b.	NJ LEGISLATIVE CANDIDATES/COMMITTEES	-	_
15c.	ALL OTHER CANDIDATES/COMMITTEES	5000	66639
	EXPENDITURES MADE ON BEHALF OF:		
16a.	NJ GUBERNATORIAL CANDIDATES/COMMITTEES		e
16b	NJ LEGISLATIVE CANDIDATES/COMMITTEES	-	-
16c	ALL OTHER CANDIDATES/COMMITTEES	-	-
17	LOAN PAYMENTS	-	_
18	TOTAL MONETARY EXPENDITURES (Add lines 14 through 17)	643164	68744 59
19	IN-KIND CONTRIBUTIONS, \$300 OR LESS	-	*
20	IN-KIND CONTRIBUTIONS, MORE THAN \$300	-	-
21	GROSS EXPENDITURES (Add lines 18 through 20)	6431.64	68744 59
		.	

DEPOSITORY SUMMARY							
PLEASE TYPE OR PRINT. PHOTOCO	PIES MAY BE USED IF ADDITIO	NAL	FORMS AI	RE NEEDED.			
COMMITTEE NAME:							
BANK ACCOUNT INFORMATION							
I NAME OF BANK COMMERCE BGN	۷.			(AREA CODE) TELEPHONE NUM 973 - 423 - 00			
MAILING ADDRESS 411 Lafave He	Ave						
Hauthore WJ	07506						
ACCOUNT NAME	- Land			ACCOUNT NUMBER	7		
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD	T	DISBL	PRSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD		
If the committee has more tha	n one bank account withi	n th	e some h	onk the name(s) an	d account number(s)		
of the additional account(s) m		II CIL	ic same i	ans, the name(s) an	a account number (s)		
ACCOUNT NAME	iusi be provideus			ACCOUNT NUMBER			
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD		DISBUI	SEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD		
2 NAME OF BANK	, ₁₁ , 11= -	!_		(AREA CODE) TELEPHONE NUM	BER		
MAILING ADDRESS							
CITY STATE, ZIP CODE							
ACCOUNT NAME				ACCOUNT NUMBER			
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD		DISBUR	BURSEMENTS THIS PERIOD CLOSING BALANCE THIS			
If the committee has more that of the additional account(s) m		n th	e same b	ank, the name(s) an	d account number(s)		
ACCOUNT NAME	aust be provided.			ACCOUNT NUMBER			
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD		DISBU	ISEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD		
	ОТНЕ	R A	SSETS				
Other than the bank account(ld any of the followi	ng (please X):		
	. •			r	y u		
	tution Money Market Acco	unt		Bonds			
Certificate of De	posit (C.D.)			Stocks			
Mutual Fund Ac	count			Real Proper	rty		
Other (please sp	ecify)						
For each item checked ("X") above (Property Schedule must be filed as p	other than real property), pleas						
I NAME OF DEPOSITORY OR ISSUER				(AREA CODE) TELEPHONE NUM			
MAILING ADDRESS							
CITY STATE, ZIP CODE							
ACCOUNT NAME ACCOUNT NUMBER							
TYPE OF ASSET							
MONEY MARKET CD	MUTUAL FUND BONDS		STOCKS	OTHER (specify)			
VALUE OF ASSET AT PURCHASE IF APPLIC	CABLE	DATI	E OF MATURI	TY IF APPLICABLE			
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD		DISBU	RSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD		

ITEMIZED RECEIPTS (Other than	Loans)	<u></u> _		LE A Page No.	of
PLEASE TYPE OR PRINT. PHOTOCOPIES MAY	BE USED IF	ADDITIO	VAL FORM	IS ARE NEEDED	
CURRENCY ALL OTHER MONETARY CONTRIBUTIONS	IN-KEND CONTRE EXPENDITURES I	BUTTONS-	REF	MBURSEMENTS/ UNDS OF DISBURSEMENTS	DIVIDENDS/ INTEREST
COMMITTEE NAME.				,	
A COOLDINATION AND A COOLDINATIO					
ACCOUNT NAME and NUMBER-	STATE USE ONLY	CONTRIBUTO	R ADDRESS (NU	ABER AND STREET)	
OCCUPATION	STATE USE ONLY	(CITY STATE	AND ZIP CODE)		
EMPLOYER NAME				DATE(5) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)					
750 Vascar Aug (CITY STATE AND ZIP CODE) Lakeward NJ 08701 RECEIPT DESCRIPTION (If In-kind)				4	
Lakewood NJ 08701		- ACCRECATE:	EAR-TO-DATE	4	
RECEIPT DESCRIPTION (If In-kind)		AGGREGATE	EAK-IU-DATE	740,00	4300
		<u> </u>		7/10/06	4300
CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTO	R ADDRESS (NUI	MRER AND STREET)	
OCCUPATION	STATE USE ONLY	(CITY, STATE	AND ZIP CODE)		
EMPLOYER NAME		•		DATE(S) RECEIVED	AMOUNT(S) RECEIVED
Maris Realty LP EMPLOYER ADDRESS (NUMBER AND STREET)	············			THIS PERIOD	THIS PERIOD
350 Veterans Blud (CITY STATE AND ZIP CODE) Ruther ford UJ 07070				4	
(City STATE AND ZIP CODE) Ruther Ford UT 07070					
RECEIPT DESCRIPTION (If in-kind)		AGGREGATE	EAR-TO-DATE	1	1.
				7/10/06	\$5,000
CONTRIBUTOR NAME	STATE USB ONLY	CONTRIBUTO	R ADDRESS (NU	MBER AND STREET)	
			-,,-,	. ,	
OCCUPATION	STATE USE ONLY	(CTTY STATE	AND ZIP CODE)		
EMPLOYER NAME		<u> </u>		DATE(S) RECEIVED	AMOUNT(S) RECEIVED
MONTES Johnson & GSSOCIATOS EMPLOYER ADDRESS (NUMBER AND STREET)				THIS PERIOD	THIS PERIOD
GII Inclustrial Way west					
(CITY STATE AND ZIP CODE) Catantown NJ 07724					
RECEIPT DESCRIPTION (If to-kind))		AGGREGATE	YEAR-TO-DATE	1	
				7/10/06	\$300
CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTO	R ADDRESS (NU	MBER AND STREET)	
OCCUPATION	STATE USE ONLY	(CITY, STATE	AND ZIP CODE)		
EMPLOYERNAME THE TBCSC				DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
employer address (number and street) 2100 Huy 35 Old M.II Plaza	Sea Girt	NJ 08	750		
(CITY STATE AND ZIP CODE)				1	
		1		⊣	1
RECEIPT DESCRIPTION (If In-Lind)	•	AGGREGATE	YEAR-TO-DATE	i	1
RECEIPT DESCRIPTION (If In-kind)		AGGREGATE	YEAR-TO-DATE	7/10/06	\$300
RECEIPT DESCRIPTION (If In-Lind) 1. SUBTOTAL (Add all receipts listed on this particular sections)	oage.)	AGGREGATE	YEAR-TO-DATE	7/10/06	\$300 5900

ITEMIZED RECEIPTS (Other than		SCHEDUL	E A Page No.	of		
PLEASE TYPE OR PRINT. PHOTOCOPIES MAY			S ARE NEEDED.			
RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FO CURRENCY ALL OTHER MONETARY CONTRIBUTIONS	Di-KEND CONTR	BUTIONS REIN	EURSEMENTS/ INDS OF DISBURSEMENTS	DIVIDENDS		
COMMITTEE NAME:						
ACCOUNT NAME and NUMBER:						
CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUM	BER AND STREET)			
Alan P Hilla		GIZ. Cheroko	ola			
OCCUPATION	STATE USE ONLY					
		Brielle NJ	<u>08730</u>			
EMPLOYER NAME			DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD		
EMPLOYER ADDRESS (NUMBER AND STREET)			}			
(CITY, STATE AND ZIP CODE)						
RECEIPT DESCRIPTION (If In-land)		AGGREGATE YEAR-TO-DATE				
	i	Ì	7/10/06	\$300		
		L-	1110100	7 300		
CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUM	BER AND STREET)			
Thomas Rospas		GIN/et Ten	race			
OCCUPATION	STATE USE ONLY	•				
		Belmar N	J 07719			
EMPLOYER NAME			DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD		
EMPLOYER ADDRESS (NUMBER AND STREET)						
(CITY, STATE AND ZIP CODE)						
RECEIPT DESCRIPTION (If In-Lind)		AGGREGATE YEAR-TO-DATE	1			
			7/10/06	\$300		
			7710700			
CONTRIBUTOR NAME	STATE USE ONLY					
Gerald freda	1	147 HILL TOO C	Firele			
OCCUPATION	STATE USE ONLY	LINCROST NO				
EMPLOYER NAME	B	0,770	DATE(S) RECEIVED	AMOUNT(S) RECEIVED		
EMPLOYER ADDRESS (NUMBER AND STREET)			THIS PERIOD	THIS PERIOD		
(CITY, STATE AND ZIP CODE)						
RECEIPT DESCRIPTION (If in-kind))		AGGREGATE YEAR-TO-DATE	1110106	4300		
		<u> </u>	7	TOW		
CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUM	BER AND STREET)			
Robert Collins		718 Bricke,	mere AL			
OCCUPATION	STATE USE ONLY					
		Interlaken	NJ OT	712		
EMPLOYER NAME			DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD		
EMPLOYER ADDRESS (NUMBER AND STREET)	···					
(CTTY, STATE AND ZIP CODE)			1			
RECEIFT DESCRIPTION (II la-kmd)		AGGREGATE YEAR-TO-DATE	1			
			7/10/06			
1. SUBTOTAL (Add all receipts listed on this [\$1200		
2. TOTAL RECEIPTS, THIS PERIOD (Comple each receipt type. Carry forward to applical	ete this line or	n the last page used for	or .			

ITEMIZED RECEIPTS (Other than			HEDULE A Page No.	of		
PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED. RECEPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)						
CURRENCY ALL OTHER MONETARY CONTRIBUTIONS	IN-KIND CONTRI	_	REDUBURSEMENTS/ REFUNDS OF DISBURSEMENTS	DIATOROPA		
COMMITTEE NAME:						
ACCOUNT NAME and NUMBER:						
CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADD	RESS (NUMBER AND STREET)			
Howard Birdsall		2100 /shu	35-012 mill	Plaza		
OCCUPATION	STATE USE ONLY		+ NJ 08750			
EMPLOYER NAME	<u> </u>	<u> </u>	DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD		
EMPLOYER ADDRESS (NUMBER AND STREET)				TRES PERSON		
(CITY, STATE AND ZIP CODE)	· -		- 	٠		
RECEIPT DESCRIPTION (If in-lend)		AGGREGATE VEAR-	7/10/06	\$300		
			7/10/06	740406		
CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADD	TESS (NUMBER AND STREET)			
OCCUPATION	STATE USE ONLY	(CITY, STATE AND Z	P CODE)			
EMPLOYER NAME		<u> </u>	DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD		
EMPLOYER ADDRESS (NUMBER AND STREET)						
Birdsoll Engineering Inc	-					
BINASOIL Engineering INC (COTY STATE AND EXP CODE) 6/1 Industrial Way west RECEIPT DESCRIPTION (If In-Land)	· Catanta	own NT co	724			
RECEIPT DESCRIPTION (If In-Lind)		AGGREGATE YEAR-1	O-DATE	1 .		
			7/10/06	\$300		
CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADD	RESS (NUMBER AND STREET)			
OCCUPATION	STATE USE ONLY	(CITY, STATE AND Z	P CODE)			
EMPLOYER NAME			DATE(S) RECEIVED	AMOUNT(S) RECEIVED		
HOSCH MOST MacDonald			THIS PERIOD	THIS PERIOD		
77 Bleeker St						
77 Bleeker St (CITY STATE AND ZIP CODE) Millburn NJ 07041						
RECEIPT DESCRIPTION (If in-band))		AGGREGATE YEAR-T	O-DATE			
			9/20/06	\$2,200		
CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADD	RESS (NUMBER AND STREET)	-		
OCCUPATION	STATE USE ONLY	(CITY STATE AND Z	P CODE)			
EMPLOYER NAME			DATE(S) RECEIVED	AMOUNTS) RECEIVED THIS PENIOD		
TAM OSSUCIONES EMPLOYER ADDRESS (NUMBER AND STREET)			THIS PERIOD	INIS PERIOD		
PO BOX 828						
Rad Book NO 07701						
RECEIPT DESCRIPTION (If in-band)		AGGREGATE YEAR-	TO-DATE	1		
			9/20/06	\$1,500		
1. SUBTOTAL (Add all receipts listed on this	1. SUBTOTAL (Add all receipts listed on this page.)					
2. TOTAL RECEIPTS, THIS PERIOD (Compleanth receipt type. Carry forward to applicate						

LUANS RECEIVED				Page No. 01				
PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED. USE A SEPARATE "SCHEDULE B" FOR EACH SEPARATE ACCOUNT								
COMMITTEE NAME.								
ACCOUNT NAME and NUMBER								
NAME AND ADDRESS OF LENDER	ORIGINAL LOAN AMOUNT	NEW LOANS THIS PERIOD	TOTAL AMOUNT OF LOAN PLUS INTEREST	OUTSTANDING BALANCE THIS PERIOD				
Bergen County Democrats 50 Main St Hackensack NJ 07601	\$ 5000	_	-	\$5000				
Hackensack NJ 07601	PAYMENTS THIS PERIOD	AMOUNT	CHECK NO(S).	DATE(S)				
OCCUPATION	TERMS	DATE INCURRED	DATE DUE	ANNUAL INTEREST RATE				
EMPLOYER NAME AND ADDRESS (NUMBER, STREET CITY STATE AND ZIP CODE) AGGREGATE YEAR-TO-DATE								
Jackie Grello 50 Mai	n St Ha	ekonsaek	NJ 07601	\$5000				
1) NAME AND ADDRESS OF GUARANTOR				AMOUNT OUTSTANDING				
	TEMM OVER NAME AND ADD	DRESS (NUMBER, STREET CIT	V STATE AND 218 CODES	AGGREGATE YEAR-TO-DATE				
OCCUPATION	EMPLOYER NAME AND ADD	JRESS (NUMBER, STREET CIT	T STATE AND ZIP CODE)	ACCRECATE TEAM-TO-DATE				
2) NAME AND ADDRESS OF GUARANTOR				AMOUNT OUTSTANDING				
,								
OCCUPATION	EMPLOYER NAME AND ADD	RESS (NUMBER, STREET, CIT	Y, STATE AND ZIP CODE)	AGGREGATE YEAR-TO-DATE				
NAME AND ADDRESS OF LENDER	ORIGINAL LOAN	NEW LOANS	TOTAL AMOUNT OF	OUTSTANDING BALANCE				
ATTENDED OF DISTORM	AMOUNT	THIS PERIOD	LOAN PLUS INTEREST	THIS PERIOD				
	PAYMENTS THIS PERIOD-	AMOUNT	CHECK NO(S).	DATE(S)				
OCCUPATION		DATE INCURRED	DATE DUE	ANNUAL INTEREST RATE				
	TERMS	·						
EMPLOYER NAME AND ADDRESS (NUMBER, STREET CITY STA	TÉ AND ZIP CODE)			AGGREGATE YEAR-TO-DATE				
1) NAME AND ADDRESS OF GUARANTOR				AMOUNT OUTSTANDING				
OCCUPATION	EMPLOYER NAME AND ADD	DRESS (NUMBER, STREET CIT	Y STATE AND ZIP CODE)	AGGREGATE YEAR-TO-DATE				
2) NAME AND ADDRESS OF GUARANTOR				AMOUNT OUTSTANDING				
				A CONTROL OF THE ACT O				
OCCUPATION	EMPLOYER NAME AND AD	DRESS (NUMBER, STREET CI	IY, STATE AND ZIP CODE)	AGGREGATE YEAR-TO-DATE				
1 TOTAL NEW LOANS, THIS PERIOR Carry forward to Page 2, Line 9, Colo	O (Complete this lime	ne on the last page	used.					
2. TOTAL AMOUNT OF LOANS PLUS IN		RIOD						
3 TOTAL LOAN PAYMENTS, THIS P	ERIOD (Complete		page used					
Carry forward to Page 2, Line 17, Col		ST (Complete this	line on the					
4. TOTAL OF ALL OUTSTANDING LOANS PLUS INTEREST (Complete this line on the last page used. Carry back to Page 10, "Schedule F," Line 1.)								

ADJUSTMENT SCHEDULE Page No of **REFUND OF EXCESSIVE CONTRIBUTIONS** PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED. USE A SEPARATE "ADJUSTMENT SCHEDULE" FOR EACH SEPARATE ACCOUNT COMMITTEE NAME: ACCOUNT NAME and NUMBER. IF A MONETARY CONTRIBUTION IN EXCESS OF THE CONTRIBUTION LIMIT IS DEPOSITED, PLEASE REPORT THE REFUND OF THE EXCESS AMOUNT ON THIS ADJUSTMENT SCHEDULE. CHECK REFUNDED **PAYMENT** NO. **AMOUNT** DATE PAYEE NAME AND ADDRESS 1. TOTAL REFUND OF EXCESSIVE CONTRIBUTIONS, THIS PERIOD (Complete

this line on the last page used. Carry forward to Page 2, Line 4, Column A.)

ITEMIZED OPERATING DISB	URSEMENTS	SCHEDULE C Page	No. of	
PLEASE TYPE OR PRINT PHOTOCOPIES USE A SEPARATE "SCHEDULE C" FOR EACH SEPARATE ACCOUNT		TIONAL FORMS ARE NE	EDED.	
COMMITTEE NAME:				10° 10° 1
ACCOUNT NAME and NUMBER:				
PAYEE OR CREDITOR NAME, ADDRESS (Number and Street, City, State, Zip Code)	PURPOSE*	AMOUNT(S) DISBURSED THIS PERIOD	TRANS- ACTION DATE(S)	CHECK NO(S)
* Legislative Leadership Comm	ittees - See Instructions c	oncerning permissible u	ses of funds.	
Alpha Ph. Alpha Fruternity PO BOX 1059 Tegneck NJ 01666	Tickets	\$260	7/10	1069
yankees	Baseball Tickets Fundraiser	\$510	8/14	1071
NJ fourm	ad	\$600	8/21	19080
Commerce Bank	Check reorde	- \$61.64	8/23	
ton \$14 con				
1. SUBTOTAL (Add all disbursements li	sted on this page.)	\$1431.64		
2. TOTAL DISBURSEMENTS, THIS PER last page used. Carry forward to Page		\$1431.64 the \$1431.64		

TO CANDIDATES AND COMMITTED	SCHEDUL	E D	Page	No. of	
PLEASE TYPE OR PRINT PHOTOCOPIES MAY USE A SEPARATE "SCHEDULE D" FOR EACH SEPARATE ACCOUNT AND EA	BE USED IF ADDITIONA				
NEW JERSEY GUBERNATORIAL	NEW JERSEY LEGISLATIVE CANDIDATES/COMMITTEES		^	all othe	R CANDIDATES/COMMITTEES
COMMITTEE NAME					· · · · · · · · · · · · · · · · · · ·
ACCOUNT NAME and NUMBER:					
	ELECTION DATE	СН	ECK		AMOUNT
RECIPIENT NAME, ADDRESS	OR MUNICIPALITY	NO(6)	DATE	(e)	OF EACH
(Number and Street, City, State, Zip Code)	OR MUNICIPALITY	NO(S).	DATE	(3)	CONTRIBUTION
		1010	7/18	5	\$ 5000
					
1. SUBTOTAL (Add all contributions made to	each recipient type listed	on this pa	gc.)		
2. TOTAL, THIS RECIPIENT TYPE, THIS PER used for each recipient type. Carry forward Line 15b, or Line 15c, Column A.)			page		

ITEMIZED EXPENDITURE	S MADE AND INC	URRED				
ON BEHALF OF CANDIDA	TES AND COMMI	TTEES	SCHEDULE E	Page No.		of
PLEASE TYPE OR PRINT. PHOTOCO USE A SEPARATE "SCHEDULE E" FOR EACH SEPARATE AC			RMS ARE NEE	DED.		
NEW JERSEY GUBERNATORIAL CANDIDATES/COMMITTEES	TIVE TEES	ALL OTHER	CANDIDATES/COM	MITTE	ES	
COMMITTEE NAME:						
ACCOUNT NAME and NUMBER:						
PAYEE NAME, ADDRESS	PURPOSE	AMOUNT(S)			ANSACTION CHECK	
(Number, Street, City, State and Zip Code)		INCURRED/NOT PAID	DISBURSED	DATE(S)	NO(S)
	1			1		
				1		
ALLOCATION OF EXPENDI			,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
CANDIDATE/COMMITTEE	NAME	DATE	DISTRICT OR OR MUNICI		i .	-RATED OUNT
		5.11.5	OK MONION	112111	1111	00.11
					┞	
					<u> </u>	
					ĺ	
		<u> </u>				
PAYEE NAME, ADDRESS	PURPOSE	AMOUNT(S)		TRANSACT		СНЕСК
(Number, Street, City, State and Zip Code)		INCURRED/NOT PAID	DISBURSED	DATE(S))	NO(S)
ALLOCATION OF EXPENDI						
CANDIDATE/COMMITTEE	NAME	ELECTION DATE	DISTRICT OR OR MUNICI		ſ	-RATED OUNT
			İ			
					<u> </u>	
			<u> </u>		<u> </u>	.
			T			
1. SUBTOTAL (Add all disbursement	s made to each recipient	type				
listed on this page.)						
2. TOTAL DISBURSEMENTS, THIS I	•					
page used for each recipient type.		z, either				
Line 16a, Line 16b, or Line 16c, Co 3. SUBTOTAL (Add all outstanding of			<u> </u>			
not paid, listed on this page.)						
4. TOTAL OUTSTANDING OBLIGA	TIONS INCHIDED!		$\overline{}$			
NOT PAID (Complete this line on the						
Carry back to Page 10, "Schedule						

DEBTS AND OBLIGATIONS OWED BY COMMITTEE SCHEDULE F PAGENO OF							
PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED. USE A SEPARATE "SCHEDULE I" FOR EACH SEPARATE ACCOUNT							
COMMITTEE NAME:							
ACCOUNT NAME and NUMBER							
CREDITOR NAME AND ADDRESS (Number, Street, City, State and Zip Code)	OUTSTANDING BEGINNING BAL- ANCE THIS PERIOD	AMOUNT INCURRED THIS PERIOD	PAYMENTS THIS PERIOD	OUTSTANDING BALANCE THIS PERIOD			
DEBT PURPOSE							
DEBT PURPOSE							
	<u> </u>			<u>I</u>			
DEBT PURPOSE							
DEBT PURPOSE							
SUMMARY OF DEBTS AND OBLIGATIONS							
1 TOTAL OUTSTANDING LOANS PLUS 2 TOTAL OUTSTANDING OBLIGATIONS CANDIDATES/COMMITTEES FROM S	S INCURRED/NOT I	PAID ON BEHALF					
3 TOTAL OUTSTANDING OBLIGATIONS (Complete this line on the last page u	ised)						
4 TOTAL OUTSTANDING DEBTS/OBLIC 1, 2 and 3. Carry forward to front page		Y COMMITTEE (A	dd lines				

DEBTS AND OBLIGATIONS OW				
(Accounts Receivable)		SCHEDULE G	Page No of	
PLEASE TYPE OR PRINT. PHOTOCOPIES I USE A SEPARATE "SCHEDULE G" FOR EACH SEPARATE ACCOUNT	MAY BE USED IF A	ADDITIONAL FOR	MS ARE NEEDE	CD.
COMMITTEE NAME				
ACCOUNT NAME and NUMBER				
DEBTOR NAME AND ADDRESS (Number, Street, City, State and Zip Code)	BALANCE DUE AT BEGINNING OF THIS PERIOD	NEW AMOUNT THIS PERIOD	TOTAL AMOUNT RECEIVED THIS PERIOD	BALANCE DUE AT CLOSE OF THIS PERIOD
DATE DEBT INCURRED DEBT DESCRIPTION				
DATE DEBT INCURRED DEBT DESCRIPTION				
DATE DEBT INCURRED DEBT DESCRIPTION				
DATE DEBT INCURRED DEBT DESCRIPTION				
DATE DEBT INCURRED DEBT DESCRIPTION				
1 SUBTOTAL (Add all debts and obligation	ons owed to comm	ittee listed on this	page)	
2. TOTAL DEBTS AND OBLIGATIONS OV last page used. Carry forward to front page		TEE (Complete this	line on the	