



RECEIPTS AND EXPENDITURES QUARTERLY REPORT

FORM R-3 FOR STATE USE ONLY

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION
P O Box 185, Trenton, NJ 08625-0185
(609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532)
www.elec.state.nj.us

ELEC RECEIVED

JUL 16 2013

PLEASE TYPE OR PRINT

Committee Name or Approved Acronym

CUMBERLAND COUNTY DEMOCRATIC ORGANIZATION

Address (Number and Street) Check if different than previously reported

P.O. Box 725, 223 E. MAIN ST

City, State, Zip Code

MILLVILLE NJ 08332

ELEC Identification Number

0600000111

Committee Type

CPC PPC LLC

Check if

Amendment First Report Filed

Report Quarter

Apr 15 Jul 15 Oct 15 Jan 15 Year

Do not attempt to complete the "Depository Information" or the "Net Financial Summary" until the appropriate schedules have been completed

DEPOSITORY INFORMATION

Table with 5 columns: Period Covered, From, Through, Column A (This Report), Column B (Calendar Year-to-Date). Rows include Cash on Hand, Monetary Receipts, Subtotal, Monetary Expenditures, and Cash on Hand at close of reporting period.

NET FINANCIAL SUMMARY

Table with 3 columns: Item, Column A, Column B. Rows include Cash on Hand at close of reporting period, Debt owed to Committee, Subtotal, Debt Owed by Committee, and Total (Net Worth).

TREASURER 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.

7/12/2013

DATE

ROBERT J O'DONNELL

PRINT NAME

SIGNATURE

P.O. Box 725

ADDRESS

(886) 765-0077

(AREA CODE) DAY TELEPHONE NUMBER

MILLVILLE NJ 08332

ADDRESS

(852) 825-3757

(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
	This Report	Calendar Year-to-Date
Monetary Receipts		
1 Contributions, \$300 or less	0	5095
2 Contributions, more than \$300 (Schedule A)	10,000.-	12,000.-
2a Currency Contributions (Schedule A)	-	-
3 Total (Add lines 1, 2 and 2a)	10,000.-	17095.-
4 Refund of Contributions (Adjustment Schedule) (-)	-	-
5 Subtotal (Subtract line 4 from line 3)	10,000.-	17095.-
Other Receipts		
6 Reimbursements/Refunds (Schedule A)	-	-
7 Dividends/Interest (Schedule A)	-	-
8 Loans Received by Committee, \$300 or Less	-	-
9 Loans Received by Committee more than \$300 and all Currency Loans (Schedule B)	-	-
10 Total Monetary Receipts (Add lines 5 through 9)	10,000.-	17095.-
11 In-kind Contributions, \$300 or less	-	-
12 In-kind Contributions, more than \$300 (Schedule A)	-	-
13 Gross Receipts (Add lines 10, 11 and 12)	10,000.-	17095.-
TABLE II EXPENDITURES		
14 Operating Disbursement (Schedule C)	\$ 6760.-	13,177.70
Contributions (from the Committee) to		
15a NJ Gubernatorial Candidates/Committees (Schedule D)	-	-
15b NJ Legislative Candidates/Committees (Schedule D)	-	-
15c All other Candidates/Committees (Schedule D)	-	-
Expenditures Made on Behalf of		
16a NJ Gubernatorial Candidates/Committees (Schedule E)	-	-
16b NJ Legislative Candidates/Committees (Schedule E)	-	-
16c All other Candidates/Committees (Schedule E)	-	-
17 Loan Payments (Schedule B)	-	-
18 Total Monetary Expenditures (Add lines 14 through 17)	\$ 6760.-	13,177.70
19 In-kind contributions, \$300 or Less (Table I, Line 11)	-	-
20 In-kind contributions, more than \$300 (Table I, Line 12)	-	-
21 Gross Expenditures (Add lines 18 through 20)	\$ 6760.-	13,177.70

DEPOSITORY SUMMARY - PLEASE TYPE OR PRINT PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED			
Committee Name			
BANK ACCOUNT INFORMATION			
1 Name of Bank PNC BANK		(Area Code) Telephone Number	
Mailing Address 638 EAST LANDIS AVE			
City, State, Zip Code VINELAND NJ 08360			
Account Name Cumberland County Democratic Organization			
Opening Balance this Period \$237.83	Deposits this Period \$10,000.00	Disbursements this Period \$6760.00	Closing Balance this Period \$977.83
If the committee has more than one bank account within the same bank, the name(s) of the additional account(s) must be provided			
Account Name			
Opening Balance this Period	Deposits this Period	Disbursements this Period	Closing Balance this Period
2 Name of Bank		(Area Code) Telephone Number	
Mailing Address			
City, State, Zip Code			
Account Name			
Opening Balance this Period	Deposits this Period	Disbursements this Period	Closing Balance this Period
If the committee has more than one bank account within the same bank, the name(s) of the additional account(s) must be provided			
Account Name			
Opening Balance this Period	Deposits this Period	Disbursements this Period	Closing Balance this Period
OTHER ASSETS			
Other than the bank account(s) listed above, does this committee hold any of the following (please X)			
<input type="checkbox"/> Investment Institution Money Market Account		<input type="checkbox"/> Bonds	
<input type="checkbox"/> Certificate of Deposit (C D)		<input type="checkbox"/> Stocks	
<input type="checkbox"/> Mutual Fund Account		<input type="checkbox"/> Real Property	
<input type="checkbox"/> Other (please specify) _____			
For each item checked ("X") above (other than real property), please complete the following information. If real property is held, a Real Property Schedule must be filed as part of the Form R-3. Contact the Commission for a Real Property Schedule and instructions.			
1 Name of Depository or Issuer		(Area Code) Telephone Number	
Mailing Address			
City, State, Zip Code			
Account Name			
Type of Asset			
<input type="checkbox"/> Money Market <input type="checkbox"/> C D <input type="checkbox"/> Mutual Fund <input type="checkbox"/> Bonds <input type="checkbox"/> Stocks <input type="checkbox"/> Other (specify) _____			
Value of Asset at Purchase if Applicable		Date of Maturity, if Applicable	
Opening Balance this Period	Deposits this Period	Disbursements this Period	Closing Balance this Period

ITEMIZED RECEIPTS (Other than Loans)		SCHEDULE A	Page No	1	of	3
PLEASE TYPE OR PRINT PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED						
Receipt Type (Use a separate "Schedule A" for each type and for each separate account)						
<input type="checkbox"/> Currency <input checked="" type="checkbox"/> All other Monetary Contributions <input type="checkbox"/> In-Kind Contributions-Expenditures Made by Others <input type="checkbox"/> Reimbursements/Refunds of Disbursements <input type="checkbox"/> Dividends/Interest						
Committee Name CUMBERLAND COUNTY DEMOCRATIC ORGANIZATION						
Account Name						
Contributor Name TED BUDZYNSKI		Contributor Address (Number and Street) P.O. Box 70				
Occupation EXECUTIVE		City, State, Zip Code WINSLOW NJ 08095				
Employer Name ENR ENVIRONMENTAL SERVICES LLC		Date(s) Received this Period		Amount(s) Received this Period		
Employer Address P.O. Box 70		5/2/2013		\$1,000. -		
City, State, Zip Code WINSLOW NJ 08095						
Receipt Description (If In-Kind)		Aggregate Year-to-Date				
		\$1,000. -				
Contributor Name CRAIG TESTING LABORATORIES INC		Contributor Address (Number and Street) PO Box 427				
Occupation		City, State, Zip Code MARS LANDING NJ 08330				
Employer Name		Date(s) Received		Amount(s) Received		
Employer Address		5/2/2013		\$500. -		
City, State, Zip Code						
Receipt Description (If In-Kind)		Aggregate Year-to-Date				
		\$500. -				
Contributor Name RYAN FEASTER		Contributor Address (Number and Street) 432 E. SHERMAN AVE				
Occupation MANAGEMENT		City, State, Zip Code VINELAND NJ 08360				
Employer Name ONE STOP CAREER CENTER		Date(s) Received		Amount(s) Received		
Employer Address 275 N. Delsea DR.		5/2/2013		\$1,000. -		
City, State, Zip Code VINELAND NJ 08360						
Receipt Description (If In-Kind)		Aggregate Year-to-Date				
		\$1,000. -				
Contributor Name KATHLEEN MCGILL GASKILL, ESQ		Contributor Address (Number and Street) P.O. Box 103				
Occupation ATTORNEY		City, State, Zip Code MARRESTOWN NJ 08057				
Employer Name LAW OFFICE OF KATHLEEN MCGILL GASKILL		Date(s) Received		Amount(s) Received		
Employer Address 200 LAUREL CREEK BLVD		5/2/2013		\$1,000. -		
City, State, Zip Code MARRESTOWN, NJ 08057						
Receipt Description (If In-Kind)		Aggregate Year-to-Date				
		\$1,000. -				
1 SUBTOTAL (Add all receipts listed on this page)				\$3,500. -		
2 TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type)						
Carry forward to applicable line on Page 2, Column A)						

ITEMIZED RECEIPTS (Other than Loans)		SCHEDULE A	Page No	2	of	3
PLEASE TYPE OR PRINT PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED						
Receipt Type (Use a separate "Schedule A" for each type and for each separate account)						
<input type="checkbox"/> Currency <input checked="" type="checkbox"/> All other Monetary Contributions <input type="checkbox"/> In-Kind Contributions-Expenditures Made by Others <input type="checkbox"/> Reimbursements/Refunds of Disbursements <input type="checkbox"/> Dividends/Interest						
Committee Name CUMBERLAND COUNTY DEMOCRATIC ORGANIZATION						
Account Name						
Contributor Name BRENDA KAVANAGH			Contributor Address (Number and Street) 1203 Robin Rd			
Occupation ATTORNEY			City, State, Zip Code MILLVILLE NJ 08332			
Employer Name KAVANAGH & KAVANAGH LLC			Date(s) Received this Period 5/2/13		Amount(s) Received this Period \$1000.-	
Employer Address 219 N. High St. Suite A						
City, State, Zip Code MILLVILLE NJ 08332						
Receipt Description (If In-Kind)			Aggregate Year-to-Date 1300.-			
Contributor Name MITCHELL KIZNER, ESQ.			Contributor Address (Number and Street) 1772 WYNWOOD DR.			
Occupation ATTORNEY			City, State, Zip Code VINELAND NJ 08361			
Employer Name FLASTER GREENBERG			Date(s) Received 5/2/2013		Amount(s) Received 1000.-	
Employer Address 1810 Chapel Ave West						
City, State, Zip Code Cherry Hill NJ 08002						
Receipt Description (If In-Kind)			Aggregate Year-to-Date 81000.-			
Contributor Name ANTHONY MANGELUZZO			Contributor Address (Number and Street)			
Occupation EXECUTIVE			City, State, Zip Code			
Employer Name Intelligent Computing Solutions LLC			Date(s) Received 5/2/2013		Amount(s) Received \$500.-	
Employer Address 12000 Lincoln Drive West, Unit 101						
City, State, Zip Code MARLTON NJ 08053						
Receipt Description (If In-Kind)			Aggregate Year-to-Date 1100.-			
Contributor Name Pat Madden			Contributor Address (Number and Street) P.O. Box 210			
Occupation ATTORNEY			City, State, Zip Code HADDONFIELD NJ 08033			
Employer Name Madden & Madden PC			Date(s) Received 5/2/2013		Amount(s) Received 1,000.-	
Employer Address 108 Kings Highway East						
City, State, Zip Code HADDONFIELD NJ 08033						
Receipt Description (If In-Kind)			Aggregate Year-to-Date 1000.-			
1 SUBTOTAL (Add all receipts listed on this page)					\$3500.-	
2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type Carry forward to applicable line on Page 2, Column A)						

ITEMIZED RECEIPTS (Other than Loans)		SCHEDULE A	Page No	3	of	3
PLEASE TYPE OR PRINT PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED						
Receipt Type (Use a separate "Schedule A" for each type and for each separate account)						
<input type="checkbox"/> Currency <input type="checkbox"/> All other Monetary Contributions <input type="checkbox"/> In-Kind Contributions-Expenditures Made by Others <input type="checkbox"/> Reimbursements/Refunds of Disbursements <input type="checkbox"/> Dividends/Interest						
Committee Name CUMBERLAND COUNTY DEMOCRATIC ORGANIZATION						
Account Name						
Contributor Name KEVIN ORNDORF		Contributor Address (Number and Street) 4909 OLD HILL RD				
Occupation		City, State, Zip Code Greenville, DE 19807				
Employer Name		Date(s) Received this Period		Amount(s) Received this Period		
Employer Address		5/2/2013		\$1,000 -		
City, State, Zip Code						
Receipt Description (If In-Kind)		Aggregate Year-to-Date		1,000 -		
Contributor Name JAMES QUINN		Contributor Address (Number and Street) STORMY PLACE				
Occupation OWNER		City, State, Zip Code MILLVILLE NJ 08332				
Employer Name QUINN BROADCASTING CO		Date(s) Received		Amount(s) Received		
Employer Address HIGH ST		5/2/2013		1,000. -		
City, State, Zip Code MILLVILLE NJ 08332						
Receipt Description (If In-Kind)		Aggregate Year-to-Date		1,000 -		
Contributor Name O A Local Union 322 PAc		Contributor Address (Number and Street) 534 S. RT. 73, P.O. Box 73				
Occupation		City, State, Zip Code Winstow NJ 08095				
Employer Name		Date(s) Received		Amount(s) Received		
Employer Address		5/2/2013		\$1,000. -		
City, State, Zip Code						
Receipt Description (If In-Kind)		Aggregate Year-to-Date		2,000 -		
Contributor Name		Contributor Address (Number and Street)				
Occupation		City, State, Zip Code				
Employer Name		Date(s) Received		Amount(s) Received		
Employer Address						
City, State, Zip Code						
Receipt Description (If In-Kind)		Aggregate Year-to-Date				
1 SUBTOTAL (Add all receipts listed on this page)				3,000. -		
2 TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type Carry forward to applicable line on Page 2, Column A)				10,000. -		

LOANS RECEIVED		SCHEDULE B		Page No / of /	
PLEASE TYPE OR PRINT PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED Use a separate "SCHEDULE B" for each separate account					
Committee Name CUMBERLAND COUNTY Democrat ORGANIZATION					
Account Name					
Name and Address of Lender	Original Loan Amount	New Loan this Period	Total Amount of Loan Plus Interest	Outstanding Balance this Period	
	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	
1 Name and Address of Guarantor				Amount Outstanding	
Occupation	Employer Name and Address (Number, Street, City, State and Zip Code)			Aggregate Year-to-Date	
2 Name and Address of Guarantor				Amount Outstanding	
Occupation	Employer Name and Address (Number, Street, City, State and Zip Code)			Aggregate Year-to-Date	
Name and Address of Lender	Original Loan Amount	New Loan this Period	Total Amount of Loan Plus Interest	Outstanding Balance this Period	
	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	
1 Name and Address of Guarantor				Amount Outstanding	
Occupation	Employer Name and Address (Number, Street, City, State and Zip Code)			Aggregate Year-to-Date	
2 Name and Address of Guarantor				Amount Outstanding	
Occupation	Employer Name and Address (Number, Street, City, State and Zip Code)			Aggregate Year-to-Date	
1 TOTAL NEW LOANS, THIS PERIOD (Complete this line on the last page used Carry forward to Page 2, Line 9, Column A)			- 0 -		
2 TOTAL AMOUNT OF LOANS PLUS INTEREST, THIS PERIOD			- 0 -		
3 TOTAL LOAN PAYMENTS, THIS PERIOD (Complete this line on the last page used Carry forward to Page 2, Line 17, Column A)			- 0 -		
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)			- 0 -		

PLEASE TYPE OR PRINT PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED
 Use a separate "ADJUSTMENT SCHEDULE" for each separate account

Committee Name **CUMBERLAND COUNTY DEMOCRATIC ORGANIZATION**

Account Name

IF A MONETARY CONTRIBUTION IN EXCESS OF THE CONTRIBUTION LIMIT IS DEPOSITED, PLEASE REPORT THE REFUND OF THE EXCESS AMOUNT ON THIS ADJUSTMENT SCHEDULE

Payment Date	Check No	Payee Name and Address	Refunded Amount

1 TOTAL REFUND OF CONTRIBUTIONS, THIS PERIOD (Complete this line on the last page used Carry forward to Page 2, Line 4, Column A) - 0 -

ITEMIZED OPERATING DISBURSEMENTS		SCHEDULE C	Page No	of
PLEASE TYPE OR PRINT PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED				
Use a separate 'SCHEDULE C' for each separate account				
Committee Name CUMBERLAND COUNTY DEMOCRATIC ORGANIZATION				
Account Name				
Payee or Creditor Name, Address (Number, Street, State, City, State and Zip Code)	Purpose*	Amount(s) Disbursed this Period	Transaction Dates	Check No(s)
*Legislative Leadership Committees - See instructions concerning permissible uses of funds				
Chrflyda 111 S. Albion Pl. ATLANTIC CITY, NJ 08401	CATERING 5/2/2013 EVENT	\$5,500 -	5/2/2013	1704
CORCAS MELLICHO VINELAND NJ 08360	BOY SCOUTS DINNER TICKETS	\$125. -	5/16/2013	1712
Greater VINELAND Chamber of Commerce VINELAND NJ 08360	TICKETS	\$170 -	5/16/2013	1713
CUMBERLAND COUNTY HABITAT FOR HUMANITY VINELAND NJ	TICKETS	100. -	5/16/2013	1714
NJ. DEMOCRATIC STATE COMMITTEE TRENTON, NJ 08608	MEETING	145. -	5/16/2013	1715
NJ. DEMOCRATIC STATE COMMITTEE TRENTON, NJ 08608	MEETING	145. -	5/16/2013	1716
BRIDGETON INVITATIONAL TOURNAMENT BRIDGETON NJ 08302	ADD BOOK	\$500 -	6/12/2013	1717
STEELMAN'S Photos HIGH ST MILLVILLE NJ 08332	Photos	\$75. -	6/12/2013	1718
1 SUBTOTAL (Add all disbursements listed on this page)				\$6760
2 TOTAL DISBURSEMENTS, THIS PERIOD (Complete this line on the last page used Carry forward to Page 2, Line 14, Column A)				\$6760

PLEASE TYPE OR PRINT PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED
 Use a separate "SCHEDULE D" for each separate account and each separate recipient type

- New Jersey Gubernatorial Candidates/Committees
 New Jersey Legislative Candidates/Committees
 All Other Candidates/Committees

Committee Name
CUMBERLAND COUNTY DEMOCRATIC ORGANIZATION

Account Name

Recipient Name and Address (Number and Street, City, State, Zip Code)	Election Date District or County or Municipality	Check		Amount of each Contribution
		No(s)	Date(s)	

1 SUBTOTAL (Add all contributions made to each recipient type listed on this page) - 0 -

2 TOTAL, THIS RECIPIENT TYPE, THIS PERIOD (Complete this line on the last page used for each recipient type Carry forward to Page 2, either Line 15a, Line 15b, or Line 15c, Column A) - 0 -

PLEASE TYPE OR PRINT PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED
 Use a separate "SCHEDULE E" for each separate account and each separate recipient type

- New Jersey Gubernatorial Candidates/Committees New Jersey Legislative Candidates/Committees
 All Other Candidates/Committees Independent Expenditures

Committee Name
 (UMBERLAND) COUNTY DEMOCRATIC ORGANIZATION

Account Name

Payee Name and Address (Number, Street, City, State and Zip Code)	Purpose	Amount(s) this Period		Transaction	Check
		Incurred/Not Paid	Disbursed	Date(s)	No(s)

ALLOCATION OF EXPENDITURES BENEFITING CANDIDATE(S)/COMMITTEE(S)

Candidate/Committee Name	Election Date	District or County or Municipality	Pro-Rated Amount

Payee Name and Address (Number, Street, City, State and Zip Code)	Purpose	Amount(s) this Period		Transaction	Check
		Incurred/Not Paid	Disbursed	Date(s)	No(s)

ALLOCATION OF EXPENDITURES BENEFITING CANDIDATE(S)/COMMITTEE(S)

Candidate/Committee Name	Election Date	District or County or Municipality	Pro-Rated Amount

1 SUBTOTAL (Add all disbursements made to each recipient type listed on this page)	- 0 -
2 TOTAL DISBURSEMENTS, THIS PERIOD (Complete this line on the last page used for each recipient type Carry forward to Page 2, either Line 16a, Line 16b, or Line 16c, Column A)	- 0 -
3 SUBTOTAL (Add all outstanding obligations incurred/not paid, listed on this page)	- 0 -
4 TOTAL OUTSTANDING OBLIGATIONS INCURRED/NOT PAID (Complete this line on the last page used Carry back to Page 10, "Schedule F", Line 2)	- 0 -

PLEASE TYPE OR PRINT PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED
 Use a separate "SCHEDULE F" for each separate account

Committee Name CUMBERLAND COUNTY DEMOCRATIC ORGANIZATION

Account Name

Creditor Name and Address (Number, Street, City, State, and Zip Code)	Outstanding Beginning Balance this Period	Amount Incurred this Period	Payments this Period	Outstanding Balance this Period
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Debt Purpose				
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Debt Purpose				
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Debt Purpose				
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Debt Purpose				
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SUMMARY OF DEBTS AND OBLIGATIONS	
1 TOTAL OUTSTANDING LOANS PLUS INTEREST FROM SCHEDULE B, PAGE 5, LINE 4	<u>0-</u>
2 TOTAL OUTSTANDING OBLIGATIONS INCURRED/NOT PAID ON BEHALF OF CANDIDATES/COMMITTEES FROM SCHEDULE E, PAGE 9, LINE 4	<u>-0-</u>
3 TOTAL OUTSTANDING OBLIGATIONS, SCHEDULE F (Complete this line on the last page used)	<u>-0-</u>
4 TOTAL OUTSTANDING DEBTS/OBLIGATIONS OWED BY COMMITTEE (Add lines 1, 2 and 3 Carry forward to front page, Line 10)	<u>0-</u>

PLEASE TYPE OR PRINT PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED

Use a separate "SCHEDULE G" for each separate account

Committee Name CUMBERLAND COUNTY DEMOCRATIC ORGANIZATION

Account Name

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				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Date Debt Incurred</td> <td>Debt Description</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Date Debt Incurred	Debt Description						
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Date Debt Incurred	Debt Description							

SUMMARY OF DEBTS AND OBLIGATIONS	
1 SUBTOTAL (Add all debts and obligations owed to committee listed on this page)	- 0 -
2 TOTAL DEBTS AND OBLIGATIONS OWED TO COMMITTEE (Complete this line on the last page used Carry forward to front page, Line 8)	- 0 -