



RECEIPTS AND EXPENDITURES QUARTERLY REPORT

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

FORM R-3
FOR STATE USE ONLY

ELEC RECEIVED
JUN - 3 2014

PLEASE TYPE OR PRINT

Committee Name or Approved Acronym
Initiate Civic Empowerment (ICE PAC)

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

City, State, Zip Code
Woodbury, NJ, 08096

ELEC Identification Number
J0000002811 Q 2014

Committee Type Check if Report Quarter
CPC PPC LLC Amendment First Report Filed Apr 15 Jul 15 Oct 15 Jan 15 Year 2014

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

Table with columns: DEPOSITORY INFORMATION, 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.

Table with columns: NET FINANCIAL SUMMARY, 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.

6/3/14
DATE

Albert Marmero
PRINT NAME

[Signature]
SIGNATURE

44 Euclid St.
ADDRESS

856-848-6440
*(AREA CODE) DAY TELEPHONE NUMBER

Woodbury, NJ 08096
*(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	\$ 3449 00	\$ 3449.00
2 Contributions, more than \$300 (Schedule A)	\$ 41000 00	\$ 41000 00
2a Currency Contributions (Schedule A)	∅	∅
3 Total (Add lines 1, 2 and 2a)	\$ 44449.00	\$ 44449.00
4 Refund of Contributions (Adjustment Schedule) (-)	∅	∅
5 Subtotal (Subtract line 4 from line 3)	\$ 44449 00	\$ 44449 00
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)	\$ 44449.00	\$ 44449 00
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)	\$ 44449 00	\$ 44449.00
TABLE II EXPENDITURES		
14 Operating Disbursement (Schedule C)	\$ 16973.28	\$ 16973 28
Contributions (from the Committee) to		
15a NJ Gubernatorial Candidates/Committees (Schedule D)	∅	∅
15b NJ Legislative Candidates/Committees (Schedule D)	\$ 1850.00	\$ 1850 00
15c All other Candidates/Committees (Schedule D)	\$ 16300 00	\$ 16300 00
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)	∅	∅
16d Independent Expenditures (Schedule E)	∅	∅
17 Loan Payments (Schedule B)	∅	∅
18 Total Monetary Expenditures (Add lines 14 through 17)	\$ 35,123 28	\$ 35123 28
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)	\$ 35123 28	\$ 35123 28

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

Committee Name Initiate Civic Empowerment

BANK ACCOUNT INFORMATION

1 Name of Bank PNC (Area Code) Telephone Number 856-384-3310

Mailing Address 22 N Broad St.

City, State, Zip Code Woodbury, NJ 08096

Account Name ICE PAC

Opening Balance this Period <u>807.53</u>	Deposits this Period <u>\$ 4449.00</u>	Disbursements this Period <u>\$ 35123.28</u>	Closing Balance this Period <u>\$ 10133.25</u>
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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
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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
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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
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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
 Money Market C D Mutual Fund Bonds Stocks Other (specify) _____

Value of Asset at Purchase if Applicable	Date of Maturity, if Applicable
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Opening Balance this Period	Deposits this Period	Disbursements this Period	Closing Balance this Period
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ITEMIZED RECEIPTS (Other than Loans)		SCHEDULE A	Page No	of
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 <u>Initiate Civic Empowerment (ICE PAC)</u>				
Account Name <u>ICE PAC</u>				
Contributor Name <u>Archer & Greiner</u>		Contributor Address (Number and Street) <u>One Centennial Square, East Euclid Ave</u>		
Occupation		City, State, Zip Code <u>Haddonfield, NJ 08033</u>		
Employer Name		Date(s) Received this Period		Amount(s) Received this Period
Employer Address		<u>1/22/14</u>		<u>\$1000⁰⁰</u>
City, State, Zip Code		<u>3/3/14</u>		<u>\$1000⁰⁰</u>
Receipt Description (If In-Kind)		Aggregate Year-to-Date <u>\$2000⁰⁰</u>		
Contributor Name <u>Consulting Engineering Services (CES)</u>		Contributor Address (Number and Street) <u>645 Berlin-Cross Keys Rd. Suite 1</u>		
Occupation		City, State, Zip Code <u>Sicklerville, NJ 08084</u>		
Employer Name		Date(s) Received		Amount(s) Received
Employer Address		<u>1/22/14</u>		<u>\$1000⁰⁰</u>
City, State, Zip Code				
Receipt Description (If In-Kind)		Aggregate Year-to-Date <u>\$1000⁰⁰</u>		
Contributor Name <u>Timothy McBrearty</u>		Contributor Address (Number and Street) <u>150 Westover Dr</u>		
Occupation		City, State, Zip Code <u>Delran, NJ 08075</u>		
Employer Name		Date(s) Received		Amount(s) Received
Employer Address		<u>1/22/14</u>		<u>\$1000⁰⁰</u>
City, State, Zip Code				
Receipt Description (If In-Kind)		Aggregate Year-to-Date <u>\$1000⁰⁰</u>		
Contributor Name <u>New Rd Construction</u>		Contributor Address (Number and Street) <u>1876 Greentree Rd.</u>		
Occupation		City, State, Zip Code <u>Cherry Hill, NJ 08003</u>		
Employer Name		Date(s) Received		Amount(s) Received
Employer Address		<u>1/23/14</u>		<u>\$1000⁰⁰</u>
City, State, Zip Code		<u>2/20/14</u>		<u>\$1000⁰⁰</u>
Receipt Description (If In-Kind)		Aggregate Year-to-Date <u>\$2000⁰⁰</u>		
1 SUBTOTAL (Add all receipts listed on this page)				<u>6000⁰⁰</u>
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	of
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 Initiate Civic Empowerment				
Account Name ICE Pac				
Contributor Name Eric Bernstein & Assoc.		Contributor Address (Number and Street) 34 Mountain Blvd. Bld A		
Occupation		City, State, Zip Code Warren, NJ 07059		
Employer Name		Date(s) Received this Period	Amount(s) Received this Period	
Employer Address		2/24/14	\$ 2000.00	
City, State, Zip Code				
Receipt Description (If In-Kind)		Aggregate Year-to-Date \$ 2000.00		
Contributor Name Michael Zumpino		Contributor Address (Number and Street) 817 Sullivan Dr		
Occupation		City, State, Zip Code Lansdale, PA 19446		
Employer Name		Date(s) Received	Amount(s) Received	
Employer Address		2/27/14	\$ 500.00	
City, State, Zip Code				
Receipt Description (If In-Kind)		Aggregate Year-to-Date \$ 500.00		
Contributor Name Dan Di Paola		Contributor Address (Number and Street) 250 Lorraine Ave		
Occupation		City, State, Zip Code S. Amboy, NJ 08879		
Employer Name		Date(s) Received	Amount(s) Received	
Employer Address		3/3/14	\$ 1000.00	
City, State, Zip Code				
Receipt Description (If In-Kind)		Aggregate Year-to-Date \$ 1000.00		
Contributor Name Siciliano & Assoc.		Contributor Address (Number and Street) 16 S. Haddon Ave.		
Occupation		City, State, Zip Code Haddonfield, NJ 08035		
Employer Name		Date(s) Received	Amount(s) Received	
Employer Address		3/5/14	\$ 2000.00	
City, State, Zip Code				
Receipt Description (If In-Kind)		Aggregate Year-to-Date \$ 2000.00		
1 SUBTOTAL (Add all receipts listed on this page)			\$ 5500.00	
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	of
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 Initiate Civic Empowerment				
Account Name ICE PAC				
Contributor Name TIM ASSOC.		Contributor Address (Number and Street) PO BOX 828		
Occupation		City, State, Zip Code Red Bank, NJ 07701		
Employer Name		Date(s) Received this Period	Amount(s) Received this Period	
Employer Address		2/7/14	\$1000.00	
City, State, Zip Code				
Receipt Description (If In-Kind)		Aggregate Year-to-Date \$1000.00		
Contributor Name O'Donnell, Naccarato, Inc.		Contributor Address (Number and Street) 1115 Independence Mall E. Suite 950		
Occupation		City, State, Zip Code Phila, PA 19106		
Employer Name		Date(s) Received	Amount(s) Received	
Employer Address		2/7/14	\$1000.00	
City, State, Zip Code				
Receipt Description (If In-Kind)		Aggregate Year-to-Date \$1000.00		
Contributor Name French, Parrello		Contributor Address (Number and Street) 1800 Route 34 Suite 101		
Occupation		City, State, Zip Code Wall, NJ		
Employer Name		Date(s) Received	Amount(s) Received	
Employer Address		2/11/14	\$1000.00	
City, State, Zip Code				
Receipt Description (If In-Kind)		Aggregate Year-to-Date \$1000.00		
Contributor Name Princeton Public Affairs Group		Contributor Address (Number and Street) 100 W. State St		
Occupation		City, State, Zip Code Trenton, NJ 08608		
Employer Name		Date(s) Received	Amount(s) Received	
Employer Address		2/11/14	\$500.00	
City, State, Zip Code				
Receipt Description (If In-Kind)		Aggregate Year-to-Date \$500.00		
1 SUBTOTAL (Add all receipts listed on this page)			3500.00	
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	of
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 Initiate CIVIC Empowerment				
Account Name ICE PAC				
Contributor Name Pennoni Assoc		Contributor Address (Number and Street) One Drexel Plaza, 3001 Market St		
Occupation		City, State, Zip Code Phila, PA 19104		
Employer Name		Date(s) Received this Period	Amount(s) Received this Period	
Employer Address		2/7/14	\$ 2000.00	
City, State, Zip Code		2/26/14	\$ 2000.00	
Receipt Description (If In-Kind)		Aggregate Year-to-Date \$4000.00		
Contributor Name Law offices of James Schroeder		Contributor Address (Number and Street) 407 Philadelphia Ave.		
Occupation		City, State, Zip Code Egg Harbor City, NJ 08215		
Employer Name		Date(s) Received	Amount(s) Received	
Employer Address		2/7/14	\$1000.00	
City, State, Zip Code				
Receipt Description (If In-Kind)		Aggregate Year-to-Date \$1000.00		
Contributor Name Anthony Mongeluzo		Contributor Address (Number and Street) 8 Black Oak Trail		
Occupation		City, State, Zip Code Medford, NJ 08055		
Employer Name		Date(s) Received	Amount(s) Received	
Employer Address		2/7/14	\$1000.00	
City, State, Zip Code		2/24/14	\$1000.00	
Receipt Description (If In-Kind)		3/20/14	\$ 2000.00	
Receipt Description (If In-Kind)		Aggregate Year-to-Date \$4000.00		
Contributor Name Center for Family Guidance		Contributor Address (Number and Street) 765 Rt 70 East Bldg. A		
Occupation		City, State, Zip Code Marlton, NJ 08053		
Employer Name		Date(s) Received	Amount(s) Received	
Employer Address		2/7/14	\$ 2000.00	
City, State, Zip Code				
Receipt Description (If In-Kind)		Aggregate Year-to-Date \$ 2000.00		
1. SUBTOTAL (Add all receipts listed on this page)			\$11000.00	
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	of
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 Initiate Civic Empowerment				
Account Name ICE PAC				
Contributor Name Intelligent Computing Systems LLC		Contributor Address (Number and Street) 12000 Lincoln Drive W Suite 101		
Occupation		City, State, Zip Code Marlton, NJ 08053		
Employer Name		Date(s) Received this Period	Amount(s) Received this Period	
Employer Address		2/7/14	\$1000.00	
City, State, Zip Code				
Receipt Description (If In-Kind)		Aggregate Year-to-Date \$1000.00		
Contributor Name Adams, Rehmann, Heggan		Contributor Address (Number and Street) PO Box 579, 850 S WHP		
Occupation		City, State, Zip Code Hammonton, NJ 08037		
Employer Name		Date(s) Received	Amount(s) Received	
Employer Address		2/7/14	\$5000.00	
City, State, Zip Code				
Receipt Description (If In-Kind)		Aggregate Year-to-Date \$5000.00		
Contributor Name Bellia		Contributor Address (Number and Street) 1047 N. Broad St.		
Occupation		City, State, Zip Code Woodbury, NJ 08096		
Employer Name		Date(s) Received	Amount(s) Received	
Employer Address		2/7/14	\$1000.00	
City, State, Zip Code				
Receipt Description (If In-Kind)		Aggregate Year-to-Date \$1000.00		
Contributor Name Fralinger Engineering, PA		Contributor Address (Number and Street) 629 Shiloh Pkwy		
Occupation		City, State, Zip Code Bridgeton, NJ 08302		
Employer Name		Date(s) Received	Amount(s) Received	
Employer Address		2/7/14	\$1000.00	
City, State, Zip Code				
Receipt Description (If In-Kind)		Aggregate Year-to-Date \$1000.00		
1 SUBTOTAL (Add all receipts listed on this page)			\$8000.00	
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	of
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 Initiate Civic Empowerment				
Account Name ICE PAC				
Contributor Name UA Local Union 322		Contributor Address (Number and Street) 5345 Route 73 POBox 73		
Occupation		City, State, Zip Code Winslow, NJ 08095		
Employer Name		Date(s) Received this Period	Amount(s) Received this Period	
Employer Address		1/27/14	\$ 1000.00	
City, State, Zip Code		2/6/14	\$ 1000.00	
Receipt Description (If In-Kind)		Aggregate Year-to-Date \$ 2000.00		
Contributor Name Comtec Systems Inc.		Contributor Address (Number and Street) 2058 N.W Blvd.		
Occupation		City, State, Zip Code Vineland, NJ 08360		
Employer Name		Date(s) Received	Amount(s) Received	
Employer Address		2/3/14	\$ 2000.00	
City, State, Zip Code				
Receipt Description (If In-Kind)		Aggregate Year-to-Date \$ 2000.00		
Contributor Name Kavanagh & Kavanagh		Contributor Address (Number and Street) 219 N High St.		
Occupation		City, State, Zip Code Millsville, NJ 08330		
Employer Name		Date(s) Received	Amount(s) Received	
Employer Address		2/4/14	\$ 1000.00	
City, State, Zip Code				
Receipt Description (If In-Kind)		Aggregate Year-to-Date \$ 1000.00		
Contributor Name J. McHale & Associates		Contributor Address (Number and Street) 693 Main St Bldg C, 2nd Fl.		
Occupation		City, State, Zip Code Lumberton, NJ		
Employer Name		Date(s) Received	Amount(s) Received	
Employer Address		2/6/14	\$ 1000.00	
City, State, Zip Code		3/11/14	\$ 1000.00	
Receipt Description (If In-Kind)		Aggregate Year-to-Date \$ 2000.00		
1 SUBTOTAL (Add all receipts listed on this page)			7000.00	
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)				

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 Initiate CIVIC Empowerment							
Account Name ICE PAC							
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)				∅			
2 TOTAL AMOUNT OF LOANS PLUS INTEREST, THIS PERIOD				∅			
3 TOTAL LOAN PAYMENTS, THIS PERIOD (Complete this line on the last page used Carry forward to Page 2, Line 17, Column A)				∅			
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)				∅			

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

Committee Name Initiate Civic Empowerment

Account Name ICE PAC

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) \emptyset

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

Committee Name
Initiate Civic Empowerment

Account Name
ICEPAL

Payee or Creditor Name, Address (Number, Street, State, City, State and Zip Code)	Purpose*	Amount(s) Disbursed this Period	Transaction Dates	Check No(s)
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*Legislative Leadership Committees - See instructions concerning permissible uses of funds

Holcomb BUS Service 11 Karr Dr Bellmawr, NJ 08031	3 sm buses for Vineland transportation	\$580	1/2/14	1048
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1 SUBTOTAL (Add all disbursements listed on this page)	#580.00
2 TOTAL DISBURSEMENTS, THIS PERIOD (Complete this line on the last page used. Carry forward to Page 2, Line 14, Column A)	\$10973.20

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 Initiate Civic Empowerment				
Account Name ICE PAC				
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				
Kelly Redman	Wine for Event	\$400.00	2/6/14	1049
Chef Vola 111 S Albion Pl AC, NJ 08401	Event	\$3240.00	2/7/14	1052
Cumberland County Democratic Org. 1200 S High St Milville, NJ	Just for wheels Payment	\$5000.00	2/20/14	1055
Marlton Tavern 65 S Main St Marlton, NJ 08053	Event	\$950.28	2/24/12	1058
Vineland Chapter NAACP	Officer Elections	\$3000.00	8/24/12	1059
Ken Paris 31 Teaberry Lane Delran, NJ 08075	Volunteering/ call center week of 3/31/14	\$500.00	3/6/14	1063
Cash	Petitioning	\$250.00	3/7/14	1064
Ken Paris 31 Teaberry Lane Delran, NJ 08075	Volunteering/ call center	\$500.00	3/11/14	1066
Hummel's Liquors 56 S Laurel St. Bridgeton, NJ 08302	Wine for Event	\$303.00	3/19/14	1067
Ken Paris 31 Teaberry Lane Delran, NJ 08075	Volunteering/ call center	\$1000.00	3/19/14	1068
District 7500 Gift of Life Foundation 1034 Union Mill Rd. Mt Laurel, NJ 08054	Rotary event 3/22/14	\$750.00	3/21/14	1069
Omarey Williams 31 Hardinge Hwy Pittsboro, NJ 08318	Volunteering Registration/Info	\$500.00	3/31/14	1070
1 SUBTOTAL (Add all disbursements listed on this page)				\$16393.28
2 TOTAL DISBURSEMENTS, THIS PERIOD (Complete this line on the last page used Carry forward to Page 2, Line 14, Column A)				\$16393.28

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
Initiate Civic Empowerment

Account Name
ICE PAC

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)	
Bring Vineland Back 450 W. Forest Grove Rd. Vineland, NJ 08360	Primary Cumberland	1050	2/16/14	\$4000 00
Sebastian for mayor Joseph DiLotte Camp Mgr. 545 Greenbriar Dr. Williamstown, NJ 08094	Primary Monroe Twp	1053	2/20/14	\$1000 00
EFO Donald Pink 27 cedar St Mt Holly, NJ 08060	Primary Burlington	1054	2/20/14	\$500 00
Eric Jackson for mayor PO Box 22533 Trenton, NJ 08607	Scheduled Trenton	1056	2/20/14	\$8200 00
Bridgeton Democratic Org 208 E Commerce St Bridgeton, NJ 08302	Primary Cumberland	1057	2/20/14	\$2600 00

1 SUBTOTAL (Add all contributions made to each recipient type listed on this page) \$16300 00

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) \$16300 00

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
Initiate Civic Empowerment

Account Name
ICE PAC

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)	
<i>Moriarty for Assembly PO Box 1368 Blackwood, NJ 08012</i>	<i>Primary District 4</i>	<i>1000</i>	<i>2/25/14</i>	<i>\$ 350.00</i>
<i>Aimee Belgard for Congress PO Box 35 Willingboro, NJ 08046</i>	<i>Primary District 3</i>	<i>1001</i>	<i>2/26/14</i>	<i>\$ 500.00</i>
<i>Vandrew for Senate PO Box 911 Cape May Court House, NJ 08210</i>	<i>Primary District 1</i>	<i>1005</i>	<i>3/7/14</i>	<i>\$ 1000.00</i>

1 SUBTOTAL (Add all contributions made to each recipient type listed on this page) *\$ 1850.00*
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) *\$ 1850.00*

ITEMIZED EXPENDITURES MADE AND INCURRED ON BEHALF OF CANDIDATES/COMMITTEES	SCHEDULE E	Page No of		
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				
<input type="checkbox"/> New Jersey Gubernatorial Candidates/Committees <input type="checkbox"/> New Jersey Legislative Candidates/Committees <input type="checkbox"/> All Other Candidates/Committees <input type="checkbox"/> Independent Expenditures				
Committee Name Initiate Civic Empowerment				
Account Name ICE PAC				
Payee Name and Address (Number, Street, City, State and Zip Code)	Purpose	Amount(s) this Period Incurred/Not Paid Disbursed	Transaction Date(s)	Check 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 Incurred/Not Paid Disbursed	Transaction Date(s)	Check 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)				
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)				
3 SUBTOTAL (Add all outstanding obligations incurred/not paid, listed on this page)				
4 TOTAL OUTSTANDING OBLIGATIONS INCURRED/NOT PAID (Complete this line on the last page used Carry back to Page 10, "Schedule F", Line 2)				

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

Committee Name Initiate Civic Empowerment

Account Name ICE PAC

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
Debt Purpose				
Debt Purpose				
Debt Purpose				
Debt Purpose				

SUMMARY OF DEBTS AND OBLIGATIONS	
1 TOTAL OUTSTANDING LOANS PLUS INTEREST FROM SCHEDULE B, PAGE 5, LINE 4	
2. TOTAL OUTSTANDING OBLIGATIONS INCURRED/NOT PAID ON BEHALF OF CANDIDATES/COMMITTEES FROM SCHEDULE E, PAGE 9, LINE 4	
3 TOTAL OUTSTANDING OBLIGATIONS, SCHEDULE F (Complete this line on the last page used)	
4. TOTAL OUTSTANDING DEBTS/OBLIGATIONS OWED BY COMMITTEE (Add lines 1, 2 and 3 Carry forward to front page, Line 10)	

DEBTS AND OBLIGATIONS OWED TO COMMITTEE (Accounts Receivable)		SCHEDULE G	Page No	of	
PLEASE TYPE OR PRINT PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED Use a separate "SCHEDULE G" for each separate account					
Committee Name <i>Initiate Civic Empowerment</i>					
Account Name <i>ICE PAC</i>					
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				
SUMMARY OF DEBTS AND OBLIGATIONS					
1 SUBTOTAL (Add all debts and obligations owed to committee listed on this page)					
2 TOTAL DEBTS AND OBLIGATIONS OWED TO COMMITTEE (Complete this line on the last page used Carry forward to front page, Line 8)					