



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
APR 22 2014

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 EAST MAIN ST

City, State, Zip Code

MILVILLE, NJ 08332

ELEC Identification Number

060000011

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

Period Covered	From		Through		Column A	Column B
	1/1/2014	3/31/2014	This Report	Calendar Year-to-Date		
1 Cash on Hand, January 1, <u>2014</u>						<u>7489.86</u>
2 Cash on Hand, Beginning of Reporting Period			<u>7489.86</u>			
3 Monetary Receipts (+)			<u>\$ 11,300.-</u>		<u>\$ 11,300.-</u>	
4 Subtotal			<u>18,789.86</u>		<u>18,789.86</u>	
5 Monetary Expenditures (-)			<u>\$ 300.-</u>		<u>\$ 300.-</u>	
6 Cash on Hand, Close of Reporting Period			<u>18,489.86</u>		<u>18,489.86</u>	

NET FINANCIAL SUMMARY

7 Cash on Hand, Close of Reporting Period		<u>18,489.86</u>
8 Debt owed to Committee (+)		<u>—</u>
9 Subtotal		<u>18,489.86</u>
10 Debt Owed by Committee (-)		<u>—</u>
11 Total (Net Worth)		<u>18,489.86</u>

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.

4/15/2014

DATE

ROBERT O'DONNELL

PRINT NAME

[Signature]

SIGNATURE

P.O. Box 725

ADDRESS

856-765-0077

(AREA CODE) DAY TELEPHONE NUMBER

MILVILLE NJ 08332

856-825-3757

(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
Monetary Receipts	This Report	Calendar Year-to-Date
1 Contributions, \$300 or less	300.-	300.-
2 Contributions, more than \$300 (Schedule A)	11,000.-	11,000.-
2a Currency Contributions (Schedule A)	—	—
3 Total (Add lines 1, 2 and 2a)	11,300.-	11,300.-
4 Refund of Contributions (Adjustment Schedule) (-)	—	—
5 Subtotal (Subtract line 4 from line 3)	11,300.-	11,300.-
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)	11,300.-	11,300.-
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)	11,300.-	11,300.-
TABLE II EXPENDITURES		
14 Operating Disbursement (Schedule C)	300.-	300.-
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)	—	—
16d Independent Expenditures (Schedule E)	—	—
17 Loan Payments (Schedule B)	—	—
18 Total Monetary Expenditures (Add lines 14 through 17)	300.-	300.-
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)	300.-	300.-

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

Committee Name CUMBERLAND COUNTY DEMOCRATIC ORGANIZATION

BANK ACCOUNT INFORMATION

1 Name of Bank PNC BANK (Area Code) Telephone Number

Mailing Address 638 EAST LONDIS AVE

City, State, Zip Code VINELAND NJ 08360

Account Name CUMBERLAND COUNTY DEMOCRATIC ORGANIZATION

Opening Balance this Period <u>7,489.86</u>	Deposits this Period <u>11,300 -</u>	Disbursements this Period <u>300</u>	Closing Balance this Period <u>18,489.86</u>
--	---	---	---

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)

- Investment Institution Money Market Account
- Certificate of Deposit (C D)
- Mutual Fund Account
- Other (please specify) _____
- Bonds
- Stocks
- Real Property

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

Opening Balance this Period	Deposits this Period	Disbursements this Period	Closing Balance this Period
-----------------------------	----------------------	---------------------------	-----------------------------

ITEMIZED RECEIPTS (Other than Loans)		SCHEDULE A	Page No /	of 2
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 ACCREDITED SURVIVOR + CASUALTY CO.		Contributor Address (Number and Street) P.O. Box 14085		
Occupation		City, State, Zip Code ORLANDO, FL 32814		
Employer Name		Date(s) Received this Period	Amount(s) Received this Period	
Employer Address		3/21/14	1000 -	
City, State, Zip Code				
Receipt Description (if In-Kind)				
Contributor Name ICE PAC		Contributor Address (Number and Street) 44 EUCLID ST		
Occupation ATTORNEY		City, State, Zip Code WOODBURY, NJ 08096		
Employer Name		Date(s) Received	Amount(s) Received	
Employer Address		2/26/14	51000 -	
City, State, Zip Code				
Receipt Description (if In-Kind)				
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	Amount(s) Received	
Employer Address 108 Kings Highway		3/25/14	1000 -	
City, State, Zip Code EAST HADDONFIELD NJ				
Receipt Description (if In-Kind)				
Contributor Name Midlantic Title		Contributor Address (Number and Street) 106 J Centre Blvd		
Occupation		City, State, Zip Code MORRISTON NJ 08053		
Employer Name		Date(s) Received	Amount(s) Received	
Employer Address		3/27/14	1000 -	
City, State, Zip Code				
Receipt Description (if In-Kind)				
1 SUBTOTAL (Add all receipts listed on this page)			81000 -	
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	2
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 ANTHONY MONGELUZZO		Contributor Address (Number and Street) 1200 LINCOLN DR. WEST				
Occupation EXECUTIVE		City, State, Zip Code MARLTON NJ 08053				
Employer Name INTELLIGENT COMPUTER SOLUTIONS LLC		Date(s) Received this Period		Amount(s) Received this Period		
Employer Address 1200 LINCOLN DR WEST		3/25/14		\$1000. -		
City, State, Zip Code MARLTON NJ 08053						
Receipt Description (If In-Kind)		Aggregate Year-to-Date		8/000 -		
Contributor Name MATTHEW ROBINSON		Contributor Address (Number and Street) 109 BENTWOOD DR				
Occupation ATTORNEY		City, State, Zip Code CHERRY HILL NJ 08034				
Employer Name ROBINSON & ANDJAN		Date(s) Received		Amount(s) Received		
Employer Address Wheat Rd		3/25/14		\$1000 -		
City, State, Zip Code MILVILLE NJ 01332						
Receipt Description (If In-Kind)		Aggregate Year-to-Date		1000 -		
Contributor Name ROMANO, HEARING, TESTA & ANOV		Contributor Address (Number and Street) 150 SOUTH MAIN RD				
Occupation		City, State, Zip Code VINELAND, NJ 08360				
Employer Name		Date(s) Received		Amount(s) Received		
Employer Address		3/25/14		\$1000. -		
City, State, Zip Code						
Receipt Description (If In-Kind)		Aggregate Year-to-Date		8/000 -		
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)				11,000. -		

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 <i>CUMBERLAND COUNTY DEMOCRATIC ORGANIZATION</i>				
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)			_____	
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 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)

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)
<i>*Legislative Leadership Committees - See instructions concerning permissible uses of funds</i>				
Gio's Catering Service 36 MULFORD DR. BRIDGETON, NJ 08302	room rent	100. -	2/11/14	1801
Gio's Catering Service 36 MULFORD DR. BRIDGETON, NJ 08302	room rent	100. -	2/19/14	1802
Gio's Catering Service 36 MULFORD DR. BRIDGETON, NJ 08302	room rent	100. -	3/26/14	1803
1 SUBTOTAL (Add all disbursements listed on this page)				
2 TOTAL DISBURSEMENTS, THIS PERIOD (Complete this line on the last page used Carry forward to Page 2, Line 14, Column A)			300. -	

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)

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*

ITEMIZED EXPENDITURES MADE AND INCURRED ON BEHALF OF CANDIDATES/COMMITTEES	SCHEDULE E	Page No <u>1</u> of <u>1</u>		
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 <u>CUMBERLAND COUNTY DEMOCRATIC ORGANIZATION</u>				
Account Name				
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)			-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
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	- 0 -
2 TOTAL OUTSTANDING OBLIGATIONS INCURRED/NOT PAID ON BEHALF OF CANDIDATES/COMMITTEES FROM SCHEDULE E, PAGE 9, LINE 4	- 0 -
3 TOTAL OUTSTANDING OBLIGATIONS, SCHEDULE F (Complete this line on the last page used)	- 0 -
4 TOTAL OUTSTANDING DEBTS/OBLIGATIONS OWED BY COMMITTEE (Add lines 1, 2 and 3 Carry forward to front page, Line 10)	- 0 -

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 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
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)			- 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 -	