



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 15 2015

PLEASE TYPE OR PRINT

Committee Name or Approved Acronym

Lumberland County Democratic Organization

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

PO Box 362 @

City, State, Zip Code

Woodbury, NJ 08096

ELEC Identification Number

0600000111 Q2015

Committee Type

CPC PPC LLC

Check if

Amendment First Report Filed

Report Quarter

Apr 15 Jul 15 Oct 15 Jan 15 Year 2015

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

DEPOSITORY INFORMATION

Table with 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.

NET FINANCIAL SUMMARY

Table with 3 columns: Item, Column A, Column B. Rows include Cash on Hand at close, 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

7/9/15

DATE

Kelly Redman

PRINT NAME

Handwritten signature of Kelly Redman

SIGNATURE

PO Box 362

ADDRESS

(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	3300	3300
2 Contributions, more than \$300 (Schedule A)	14000	15000
2a Currency Contributions (Schedule A)	-	-
3 Total (Add lines 1, 2 and 2a)	17,300	18,300
4 Refund of Contributions (Adjustment Schedule) (-)	-	-
5 Subtotal (Subtract line 4 from line 3)	17,300	18,300
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)	17,300	18300
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)	17,300	18,300
TABLE II EXPENDITURES		
14 Operating Disbursement (Schedule C)	29,138.34	31,963.34
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)	29,138.34	31,963.34
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)	29,138.34	31,963.34

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 22 N Broad St

City, State, Zip Code Woodbury, NJ 08096

Account Name Cumberland County Democratic Organization

Opening Balance this Period <u>14,899.18</u>	Deposits this Period <u>\$17,300</u>	Disbursements this Period <u>29,138.34</u>	Closing Balance this Period <u>3060.84</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

Opening Balance this Period	Deposits this Period	Disbursements this Period	Closing Balance this Period
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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)
 Currency All other Monetary Contributions In-Kind Contributions-Expenditures Made by Others
 Reimbursements/Refunds of Disbursements Dividends/Interest

Committee Name
Cumberland County Democratic Organization
 Account Name

Contributor Name
Sal Siciliano
 Contributor Address (Number and Street)
165 Haddon Ave
 Occupation
Attorney
 City, State, Zip Code
Haddonfield, NJ 08033
 Employer Name
Siciliano & Associates, LLC
 Date(s) Received this Period
4/1/15
 Amount(s) Received this Period
\$2500⁰⁰
 Employer Address
165 Haddon Ave.
 City, State, Zip Code
Haddonfield, NJ 08033
 Receipt Description (If In-Kind)
 Aggregate Year-to-Date
\$2500 -

Contributor Name
James Grace
 Contributor Address (Number and Street)
27 Cedar St
 Occupation
Attorney
 City, State, Zip Code
Mt Holly, NJ 08060
 Employer Name
Law Offices of James Grace
 Date(s) Received
4/1/15
 Amount(s) Received
\$500 -
 Employer Address
27 Cedar St
 City, State, Zip Code
Mt. Holly, NJ 08060
 Receipt Description (If In-Kind)
 Aggregate Year-to-Date
500 -

Contributor Name
Frank Semiraglio
 Contributor Address (Number and Street)
1072 Huntingdon Dr
 Occupation
Title Insurance
 City, State, Zip Code
Williamstown, NJ 08094
 Employer Name
Midlantic Title, LLC
 Date(s) Received
4/1/15
 Amount(s) Received
\$1000 -
 Employer Address
106 J Centre Blvd
5/20/15
\$500 -
 City, State, Zip Code
Marlton NJ 08053
 Receipt Description (If In-Kind)
 Aggregate Year-to-Date
\$1500 -

Contributor Name
Frank Semiraglio
 Contributor Address (Number and Street)
1072 Huntingdon Dr.
 Occupation
Medical
 City, State, Zip Code
Williamstown, NJ 08094
 Employer Name
BW Care Center, LLC
 Date(s) Received
4/1/15
 Amount(s) Received
\$500 -
 Employer Address
2001 College Dr Unit 11
 City, State, Zip Code
Bloucestertwp, NJ 08021
 Receipt Description (If In-Kind)
 Aggregate Year-to-Date
500 -

1 SUBTOTAL (Add all receipts listed on this page) *5000 -*
 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) *\$14,000 -*

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)
 Currency All other Monetary Contributions In-Kind Contributions-Expenditures Made by Others
 Reimbursements/Refunds of Disbursements Dividends/Interest

Committee Name
Cumberland County Democratic Org.

Account Name

Contributor Name
Madden & Madden, P.C. Contributor Address (Number and Street)
108 Kings Highway E
 Occupation
Attorney City, State, Zip Code
Haddonfield, NJ 08033

Employer Name	Date(s) Received this Period	Amount(s) Received this Period
Employer Address	<i>4/1/15</i>	<i>\$1000 -</i>
City, State, Zip Code	<i>6/8/15</i>	<i>\$1000 -</i>
Receipt Description (If In-Kind)	Aggregate Year-to-Date	
	<i>\$2000 -</i>	

Contributor Name
Comtec Systems, Inc Contributor Address (Number and Street)
2158 N W Blvd
 Occupation
Tech City, State, Zip Code
Vineland, NJ 08360

Employer Name	Date(s) Received	Amount(s) Received
Employer Address	<i>4/16/15</i>	<i>\$2500 -</i>
City, State, Zip Code	<i>6/25/15</i>	<i>\$500 -</i>
Receipt Description (If In-Kind)	Aggregate Year-to-Date	
	<i>\$3000 -</i>	

Contributor Name
Kathleen McGill Contributor Address (Number and Street)
PO Box 103
 Occupation
Attorney City, State, Zip Code
Moorestown, NJ 08057

Employer Name	Date(s) Received	Amount(s) Received
Employer Address	<i>4/8/15</i>	<i>\$500 -</i>
City, State, Zip Code		
Receipt Description (If In-Kind)	Aggregate Year-to-Date	
	<i>\$500 -</i>	

Contributor Name
Konano, Hearing, Testa, Kpari PC Contributor Address (Number and Street)
150 S Main Rd
 Occupation
CRA'S City, State, Zip Code
Vineland, NJ 08360

Employer Name	Date(s) Received	Amount(s) Received
Employer Address	<i>3/29/15</i>	<i>\$500 -</i>
City, State, Zip Code		
Receipt Description (If In-Kind)	Aggregate Year-to-Date	
	<i>\$500 -</i>	

1 SUBTOTAL (Add all receipts listed on this page) *\$6000*
 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 4
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 <i>Cumberland County Democratic Organization</i>				
Account Name				
Contributor Name <i>MARK MASLEY</i>		Contributor Address (Number and Street) <i>12000 Lincoln Dr W, Ste 101</i>		
Occupation <i>TECH SUPPORT</i>		City, State, Zip Code <i>Marlton, NJ 08053</i>		
Employer Name <i>Intelligent Computing Systems, LLC</i>		Date(s) Received this Period <i>5/29/15</i>	Amount(s) Received this Period <i>\$500 -</i>	
Employer Address <i>12000 Lincoln Dr W, Ste 101</i>				
City, State, Zip Code <i>Marlton, NJ 08053</i>				
Receipt Description (If In-Kind)		Aggregate Year-to-Date <i>\$500 -</i>		
Contributor Name <i>Rodney Tarter</i>		Contributor Address (Number and Street) <i>7 Spinnaker Ct</i>		
Occupation <i>Bail Bonds</i>		City, State, Zip Code <i>Hainesport, NJ 08034</i>		
Employer Name <i>Bail Bonds of America</i>		Date(s) Received <i>5/29/15</i>	Amount(s) Received <i>\$500 -</i>	
Employer Address <i>14 B Central Ave.</i>				
City, State, Zip Code <i>Hammonton, NJ 08037</i>				
Receipt Description (If In-Kind)		Aggregate Year-to-Date <i>\$500 -</i>		
Contributor Name <i>James McKenna</i>		Contributor Address (Number and Street) <i>44 Highbridge Blvd</i>		
Occupation <i>Interiors</i>		City, State, Zip Code <i>Medford, NJ 08055</i>		
Employer Name <i>Educational Interiors, LLC</i>		Date(s) Received <i>5/29/15</i>	Amount(s) Received <i>\$500 -</i>	
Employer Address <i>44 Highbridge Blvd</i>				
City, State, Zip Code <i>Medford, NJ 08055</i>				
Receipt Description (If In-Kind)		Aggregate Year-to-Date <i>\$500</i>		
Contributor Name <i>Timothy McBrearty</i>		Contributor Address (Number and Street) <i>150 Westover Dr</i>		
Occupation <i>Asst Golf Course Super</i>		City, State, Zip Code <i>Delran, NJ 08075</i>		
Employer Name <i>Moorestown Field Club</i>		Date(s) Received <i>5/29/15</i>	Amount(s) Received <i>\$500 -</i>	
Employer Address <i>1029 Chester Ave</i>				
City, State, Zip Code <i>Moorestown, NJ 08057</i>				
Receipt Description (If In-Kind)		Aggregate Year-to-Date <i>\$500 -</i>		
1 SUBTOTAL (Add all receipts listed on this page)			<i>3000 -</i>	
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	4	of	4
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 <i>Chumberland County Democratic Org</i>						
Account Name						
Contributor Name <i>New Road Const Mgmt Inc.</i>		Contributor Address (Number and Street) <i>1876 Greentree Rd</i>				
Occupation <i>Construction</i>		City, State, Zip Code <i>Cherry Hill, NJ 08003</i>				
Employer Name		Date(s) Received this Period		Amount(s) Received this Period		
Employer Address		<i>6/2/15</i>		<i>\$500 -</i>		
City, State, Zip Code						
Receipt Description (If In-Kind)		Aggregate Year-to-Date				
		<i>\$500 -</i>				
Contributor Name <i>John McGrath</i>		Contributor Address (Number and Street) <i>14303 Stoneview Place N.</i>				
Occupation <i>Engineer</i>		City, State, Zip Code <i>POTOMAC, MD</i>				
Employer Name <i>Advantage Engineers of PA, LLC</i>		Date(s) Received		Amount(s) Received		
Employer Address <i>435 Independence Ave Ste. C</i>		<i>6/2/15</i>		<i>\$500 -</i>		
City, State, Zip Code <i>Mechanicsburg, PA 17055</i>						
Receipt Description (If In-Kind)		Aggregate Year-to-Date				
		<i>500 -</i>				
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				
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)				<i>1000 -</i>		
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)				<i>\$14,000</i>		

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)			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 2
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				
Deluxe.com PO Box 64468 St Paul, MN 55164	Order Checks	\$82.24	4/9/15	Direct Debit
Divadog Multimedia Production 427 Greenwich Rd Bridgeton, NJ 08302	Photography Web maintenance	\$1200.00	4/10/15	1830
2015 NFDW convention 417 Downes Dr Cherry Hill, NJ 08003	ad for NFDW convention	\$200	4/27/15	1850
Kelly Redman 77 Greenleigh Dr Swell NJ 08080	Reimbursement for Quickbooks	\$199.95	4/29/15	1851
Just 4 wheels PO Box 5122 Clinton, NJ 08809	VANS	\$5000	4/2/15	1828
Civic Solutions, LLC PO Box 931 102 W Broad St Bridgeton, NJ 08302	Field consulting retainer	\$3500	4/15/15	1831
Matt Zinader 404 Fernwood Dr Millville NJ 08332	Salary executive Dir	\$2100	4/30/15	1852
"	"	\$2100	5/15/15	1853
Civic Solutions, LLC 102 W Broad St Bridgeton, NJ 08302	Field consulting retainer	\$3500	5/15/15	1854
Rent a chef 14 Tanner St Haddonfield, NJ 08033	catering for BBQ Event	\$1853.26	5/28/15	1855
Panals at Bridgeton 717 W Pearl St Bridgeton, NJ 08302	Wine/Beer for BBQ	\$91.84	5/28/15	1856
		19825.29		
1 SUBTOTAL (Add all disbursements listed on this page)			19825.29	
2 TOTAL DISBURSEMENTS, THIS PERIOD (Complete this line on the last page used Carry forward to Page 2, Line 14, Column A)				

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)
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*Legislative Leadership Committees - See instructions concerning permissible uses of funds

Matt Zinader 404 Fernwood Dr Millville, NJ 08332	Exec Dir Salary	2100	5/26/15	1857
Rent a chef 14 Tanner St Haddonfield, NJ 08033	catering BBQ	253.91	5/28/15	1858
Matt Zinader 404 Fernwood Dr Millville NJ 08332	Reimbursement for charcoal	56.64	6/5/15	1859
Bridgeton Invitational Tourney 295 Shiloh Rd Bridgeton, NJ 08302	Sponsorship	500	6/5/15	1860
Ramada Inn 2216 W. Landis Ave Vineland, NJ 08360	Room + Catering for CC Meeting	1102.50	6/9/15	1861
Civic Solutions LLC 102 W Broad St Bridgeton NJ 08302	Field consulting retainer	1000	6/15/15	1862
Matt Zinader 404 Fernwood Dr Millville, NJ 08332	Exec Dir Salary	2100	6/15/15	1863
Matt Zinader 404 Fernwood Dr Millville NJ 08332	Exec Dir Salary	2100	4/15/15	1832
Rent a chef 14 Tanner St Haddonfield, NJ 08033	Deposit catering	100	6/2/15	1829

1 SUBTOTAL (Add all disbursements listed on this page)	9313.05
2 TOTAL DISBURSEMENTS, THIS PERIOD (Complete this line on the last page used Carry forward to Page 2, Line 14, Column A)	29,138.34

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

- | | |
|---|---|
| <input type="checkbox"/> New Jersey Gubernatorial Candidates/Committees | <input type="checkbox"/> New Jersey Legislative Candidates/Committees |
| <input checked="" type="checkbox"/> All Other Candidates/Committees | <input type="checkbox"/> Independent Expenditures |

Committee Name
Cumberland County Democratic Organization -

Account Name

Payee Name and Address	Purpose	Amount(s) this Period		Transaction	Check
(Number, Street, City, State and Zip Code)		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	Purpose	Amount(s) this Period		Transaction	Check
(Number, Street, City, State and Zip Code)		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

Account Name Comberland County Democratic Organization

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

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

Committee Name _____

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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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