



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 14 2017

PLEASE TYPE OR PRINT

Committee Name or Approved Acronym Piscataway Regular Democratic Organization

Address (Number and Street) PO Box 1291

City, State, Zip Code Piscataway, NJ 08854 ELEC Identification Number H1217000111Q2017

Committee Type: CPC, PPC (checked), LLC. Check if: Amendment, First Report Filed. Report Quarter: Apr 15, Jul 15 (checked), Oct 15, Jan 15. Year: 2017

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

Table with 4 columns: Period Covered, From, Through, Column A (This Report), Column B (Calendar Year-to-Date). Rows include Cash on Hand, Monetary Receipts, Expenditures, and Subtotals.

Table for NET FINANCIAL SUMMARY with 3 columns: Description, Column A, Column B. Rows include Cash on Hand, Debt owed to/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.

7/11/17
DATE

Chanelle McCullum
PRINT NAME

Handwritten signature of Chanelle McCullum
SIGNATURE

62 Morris Lane
ADDRESS
Piscataway, NJ 08854

(732) 371-3307
*(AREA CODE) DAY TELEPHONE NUMBER
Same
*(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	0
2. Contributions, more than \$300 (Schedule A)	0	0
2a. Currency Contributions (Schedule A)	0	0
3. Total (Add lines 1, 2 and 2a)	0	0
4. Refund of Contributions (Adjustment Schedule) (-)	0	0
5. Subtotal (Subtract line 4 from line 3)	0	0
Other Receipts		
6. Reimbursements/Refunds (Schedule A)	0	0
7. Dividends/Interest (Schedule A)	0	0
8. Loans Received by Committee, \$300 or Less	0	0
9. Loans Received by Committee more than \$300 and all Currency Loans (Schedule B)	0	0
10. Total Monetary Receipts (Add lines 5 through 9)	0	0
11. In-kind Contributions, \$300 or less	0	0
12. In-kind Contributions, more than \$300 (Schedule A)	0	0
13. Gross Receipts (Add lines 10, 11 and 12)	0	0
TABLE II EXPENDITURES		
14. Operating Disbursement (Schedule C)	3677.73	10,444.65
Contributions (from the Committee) to:		
15a. NJ Gubernatorial Candidates/Committees (Schedule D)	0	0
15b. NJ Legislative Candidates/Committees (Schedule D)	0	0
15c. All other Candidates/Committees (Schedule D)	60.00	60.00
Expenditures Made on Behalf of:		
16a. NJ Gubernatorial Candidates/Committees (Schedule E)	0	0
16b. NJ Legislative Candidates/Committees (Schedule E)	0	0
16c. All other Candidates/Committees (Schedule E)	0	0
16d. Independent Expenditures (Schedule E)	0	0
17. Loan Payments (Schedule B)	0	0
18. Total Monetary Expenditures (Add lines 14 through 17)	3737.73	10,504.65
19. In-kind contributions, \$300 or Less (Table I, Line 11)	0	0
20. In-kind contributions, more than \$300 (Table I, Line 12)	0	0
21. Gross Expenditures (Add lines 18 through 20)	3737.73	10,504.65

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

Committee Name: Piscataway Regular Democratic Organization

BANK ACCOUNT INFORMATION

1. Name of Bank PNC Bank (Area Code) Telephone Number (732) 968-8624

Mailing Address 1240 Stelton Road

City, State, Zip Code Piscataway, NJ 08854

Account Name Piscataway Regular Democratic Organization

Opening Balance this Period 69,740.07	Deposits this Period 0	Disbursements this Period 3737.73	Closing Balance this Period 66,002.34
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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):

- 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
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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 Piscataway Regular Democratic Organization

Account Name

Contributor Name	Contributor Address (Number and Street)
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Occupation	City, State, Zip Code
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Employer Name	Date(s) Received this Period	Amount(s) Received this Period
Employer Address		
City, State, Zip Code		
Receipt Description (If In-Kind)		

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)		

N/A

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)		

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)		

1. SUBTOTAL (Add all receipts listed on this page.)	
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. 1 of 1	
PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.					
Use a separate "SCHEDULE B" for each separate account.					
Committee Name Piscataway Regular Democratic 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	
N/A					
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 Piscataway Regular 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
		N/A	

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. 1	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 Piscataway Regular Democratic Organization				
Account Name Piscataway Regular Democratic Organization				
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.				
Holmes Marshall Volunteer Fire Company 5300 Deborah Drive Piscataway, NJ 08854	Fish Fry Event	\$100.00	4/14/17	3489
Second Impressions 149 Stelton Road Piscataway, NJ 08854	Envelopes	\$128.25	4/20/17	3490
American Legion Post 261 840 So Washington Avenue Piscataway, NJ 08854	Hall Rental	\$100.00	5/26/17	3491
American Legion Post 261 840 So Washington Avenue Piscataway, NJ 08854	Refreshments	\$89.97	5/26/17	3492
Piscataway Rotary Club PO Box 1206 Piscataway, NJ 08854	Tickets to Taste of Piscataway	\$455.00	5/8/17	3493
Knights of Columbus Council #11017 208 Bound Brook Avenue Piscataway, NJ 08854	Tickets to Breakfast	\$100.00	5/20/17	3494
American Legion Post 261 840 So Washington Avenue Piscataway, NJ 08854	Hall Rental	\$100.00	5/24/17	3495
American Legion Post 261 840 So Washington Avenue Piscataway, NJ 08854	Refreshments	\$45.75	5/24/17	3496
Michele Lombardi 76 Carlton Avenue Piscataway, NJ 08854	Reimbursement for Candy for Memorial Day Parade	\$239.80	5/30/17	3497
American Legion Post 261 840 So Washington Avenue Piscataway, NJ 08854	Hall Rental	\$100.00	6/4/17	3498
Romano's Pizza 9 Plainfield Avenue Piscataway, NJ 08854	Pizza for Primary Election Day	\$528.70	6/6/17	3499
1. SUBTOTAL (Add all disbursements listed on this page.)				\$1987.47
2. TOTAL DISBURSEMENTS, THIS PERIOD (Complete this line on the last page used. Carry forward to Page 2, Line 14, Column A)				

ITEMIZED OPERATING DISBURSEMENTS		SCHEDULE C	Page No. 2	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		Piscataway Regular Democratic Organization		
Account Name		Piscataway Regular Democratic Organization		
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.				
American Legion Post 261 840 So Washington Avenue Piscataway, NJ 08854	Hall Rental	\$100.00	6/6/17	3500
American Legion Post 261 840 So Washington Avenue Piscataway, NJ 08854	Refreshments Primary Election Night	\$460.25	6/6/17	3501
Mary Giordano 64 Evans Avenue Piscataway, NJ 08854	Reimbursement for Postcards	\$47.50	6/7/17	3503
American Legion Post 261 840 So Washington Avenue Piscataway, NJ 08854	Hall Rental	\$100.00	6/12/17	3504
Richard Scott 64 Highland Avenue Piscataway, NJ 08854	Donation to Piscataway Track for New Balance Outdoor Nationals	\$642.48	6/21/17	3505
Ted Light 19 Sunburst Lane Piscataway, NJ 08854	Reimbursement for Donuts and Other Refreshments	\$310.18	6/28/17	3506
Gate.com 100 North Ruverside, Suite 800 Chicago, IL 60606	Web Expense	\$9.95 \$9.95 \$9.95	4/6/17 5/8/17 6/6/17	ACH Debits
1. SUBTOTAL (Add all disbursements listed on this page.)				\$1690.26
2. TOTAL DISBURSEMENTS, THIS PERIOD (Complete this line on the last page used. Carry forward to Page 2, Line 14, Column A.)				\$3737.73

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 Piscataway Regular Democratic Organization

Account Name Piscataway Regular Democratic Organization

Recipient Name and Address (Number and Street, City, State, Zip Code)	Election Date	Check		Amount of each Contribution
	District or County or Municipality	No(s)	Date(s)	
South Plainfield Democratic Organization PO Box 422 South Plainfield, NJ 07080	November 7, 2017 South Plainfield	3502	6/6/17	\$60.00

1. SUBTOTAL (Add all contributions made to each recipient type listed on this page.) \$60.00
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.) \$60.00

ITEMIZED EXPENDITURES MADE AND INCURRED ON BEHALF OF CANDIDATES/COMMITTEES

SCHEDULE E

Page No. 1 of 1

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 Piscataway Regular Democratic Organization

Account Name

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

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

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

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

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 **Piscataway Regular 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				
	N/A			
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)		

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

Committee Name **Piscataway Regular 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							
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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.)	
2. TOTAL DEBTS AND OBLIGATIONS OWED TO COMMITTEE (Complete this line on the last page used. Carry forward to front page, Line 8.)	