



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.nj.gov

FORM R-3

FOR STATE USE ONLY

ELEC RECEIVED
APR 13 2018

PLEASE TYPE OR PRINT

Committee Name or Approved Acronym Piscataway Regular Democratic Organization

Address (Number and Street) PO Box 281

City, State, Zip Code Piscataway, NJ 08854

ELEC Identification Number H1217000111Q2018

Committee Type: PPC (checked), CPC, LLC
Check if: Amendment, First Report Filed
Report Quarter: Apr 15 (checked), Jul 15, Oct 15, Jan 15
Year: 2018

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

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

Table with 3 columns: Description, Column A, Column B. Rows include Cash on Hand, 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

April 10, 2018

Chanelle McCullum

Handwritten signature of Chanelle McCullum

DATE

PRINT NAME

SIGNATURE

62 Morris Lane

(732) 371-3307

ADDRESS

(AREA CODE) DAY TELEPHONE NUMBER

Piscataway, NJ 08854

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
Monetary Receipts	This Report	Calendar Year-to-Date
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)	2400.30	2400.30
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)	0	0
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)	2400.30	2400.30
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)	2400.30	2400.30

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 27,112.53	Deposits this Period 0	Disbursements this Period 2400.30	Closing Balance this Period 24,712.23
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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)	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	

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.)	
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	
N/A					
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 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				
Darryl Benbow 1630 W 4th Street Piscataway, NJ 08854	Poll Worker	75.00	1/9/18	3544
Darryl Benbow (VOID) 1630 W 4th Street Piscataway, NJ 08854	Poll Worker	(75.00)	12/22/17	3543
Holmes Marshall Fire House 5300 Deborah Drive Piscataway, NJ 08854	Ad for Volunteer Breakfast	100.00	1/12/18	3545
Holmes Marshall Fire House 5300 Deborah Drive Piscataway, NJ 08854	Tickets to Breakfast Fundraiser	120.00	1/12/18	3546
American Legion Post 261 840 So Washington Avenue Piscataway, NJ 08854	Room Rental	100.00	1/24/18	3547
PBA Local #93 PO Box 575 Piscataway, NJ 08854	Tickets to Annual Ball	170.00	2/5/18	3548
Mary Giordano 64 Evans Avenue Piscataway, NJ 08854	Reimbursement for Postcards	97.50	2/28/18	3549
American Legion Post 261 840 So Washington Avenue Piscataway, NJ 08854	Room Rental	100.00	2/28/18	3550
American Legion Post 261 840 So Washington Avenue Piscataway, NJ 08854	Refreshments	84.00	2/28/17	3551
Boy Scout Troupe 67 208 Bound Brook Avenue Piscataway, NJ 08854	Tickets to Annual Spaghetti Dinner	120.00	3/3/18	3552
North Stelton AME Church 123 Craig Avenue Piscataway, NJ 08854	Tickets to Retirement Gala	750.00	3/12/18	3553
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.)				

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.				
Fellowship for the Metlar House 1281 River Road Piscataway, NJ 08854	Tickets to Annual Auction	400.00	3/13/18	3996
Knights of Columbus Council #11017 208 Bound Brook Avenue Piscataway, NJ 08854	Tickets to Breakfast Fundraiser	104.00	3/18/18	3554
Rutgers Alumni Association 335 George Street, Floor 2 New Brunswick, NJ 08901	Dinner Tickets	200.00	3/18/19	3997
American Legion Post 261 840 So Washington Avenue Piscataway, NJ 08854	Room Rental	100.00	3/28/18	3555
Holmes Marshall Fire House 5300 Deborah Drive Piscataway, NJ 08854	Fish Fry Event	115.00	3/30/18	4031
Gate.com 100 North Riverside, Suite 800 Chicago, IL 60606	Website Expense	9.95	1/18/18	ACH Debits
		9.95	2/6/18	
Gate.com 100 North Ruverside, Suite 800 Chicago, IL 60606	Website Expense	9.95	2/20/18	ACH Debits
		9.95	3/6/18	
Priscilla Winston-Laryea (VOID) 34 18th Avenue Paterson, NJ 07513	GOTV Worker	(50.00)	11/7/17	3859
David McKoy (VOID) 1401 Mindy Lane Piscataway, NJ 08854	Challenger	(150.00)	11/1/17	3970
1. SUBTOTAL (Add all disbursements listed on this page.)				758.80
2. TOTAL DISBURSEMENTS, THIS PERIOD (Complete this line on the last page used. Carry forward to Page 2, Line 14, Column A.)				2400.30

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

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)	
	N/A			

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.)

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 Piscataway Regular Democratic Organization

Account Name

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

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

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

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

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

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

1. SUBTOTAL (Add all disbursements made to each recipient type listed on this page)	
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.)	

DEBTS AND OBLIGATIONS OWED BY COMMITTEE		SCHEDULE F	Page No. 1	of 1
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 Piscataway Regular 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
	N/A			
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.)				

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			N/A			
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.)	