RECEIPTS AND EXPENDITURES QUARTERLY REPORT						FORM R-3
Entorcement	F.O. DOX 100, HEIRON, NO 00020-0100					DCT 1 5 2018
PLEASE TYPE OR PRINT						
Committee Name or Approved	Acronym Pisca	ataway Reg	ular Democr	ratic Orga	nization	
Address (Number and Street)	Check if different t	lhan previous	sly reported	PC	Box 1291	
City, State, Zip Code Piscatawa	ay, NJ 08854			ELEC Id	entification Number H1	217000111Q2018
Committee Type	Check if:	First R	eport Filed	Report C	Quarter	2018
Do not attempt to complete t have been completed.	h		terrest and the second second second	L		
DEPOSITORY INFORMATIO	N				Column A	Column B
	From	n	Through			Calendar
Period Covered			1		This Report	Year-to-Date
1. Cash on Hand, January 1	2018					27,112.53
2. Cash on Hand, Beginning	) of Reporting Pe	eriod			3496.11	
3. Monetary Receipts			(1	+}	750.00	750.00
4. Subtotal					4246.11	27,862.53
5. Monetary Expenditures			(-	-)	1034.17	24,650.59
6. Cash on Hand, Close of F	Reporting Period				3211.94	3211.94
NET FINANCIAL SUMMARY						
7. Cash on Hand, Close of F	Reporting Period					3211.94
8. Debt owed to Committee				1	(+)	0
9. Subtotal						3211.94
10. Debt Owed by Committee	)	<u></u>			()	0
11. Total (Net Worth)						3211.94
The second se		NK - 50 -				

## 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 wilifully false, I may be subject to punishment.

10/12/18	Chanelle McCullum	Charalle Mdull
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

,

1

New Jersey Election Law Enforcement Commission \*Leave this field blank if your telephone number is unlisted. Pursuant to <u>N.J.S.A.</u> 47 1A-1 1, an unlisted telephone number is not a public record and must not be provided on this form.

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)	750.00	750.00
2a. Currency Contributions (Schedule A)	0	0
3. Total (Add lines 1, 2 and 2a)	750.00	750.00
4. Refund of Contributions (Adjustment Schedule) (-)	0	0
5. Subtotal (Subtract line 4 from line 3)	750.00	750.00
Other Receipts	and the second	
6. Reimbursements/Refunds (Schedule A)	0	0
7. Dividends/Interest (Schedule A)	0	0
8. Loans Received by Committee, \$300 or Less	0	0
<ol> <li>Loans Received by Committee more than \$300 and all Currency Loans (Schedule B)</li> </ol>	0	0
10. Total Monetary Receipts (Add lines 5 through 9)	750.00	750.00
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)	750.00	750.00
TABLE II EXPENDITURES		and the second
14. Operating Disbursement (Schedule C)	784.17	4150.59
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)	250.00	20,500.00
Expenditures Made on Behalf of:	A CARLES CONTRACTOR	•
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)	1034.17	24,650.59
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)	1034.17	24,650.59

. .

Committee Name: Piscatawa	y Regular Democratic Organizat	ion	
BANK ACCOUNT INFORMAT	ON		
1. Name of Bank PNC Bank		(Area Code) Telephone Nur	nber (732) 968-8624
Mailing Address 1240 Ste	elton Road		
City, State, Zip Code Piscata	way, NJ 08854		
Account Name Piscataway R	Regular Democratic Organization		
Opening Balance this Period 3496.11	Deposits this Period 750.00	Disbursements this Period 1034.17	Closing Balance this Period 3211.94
f the committee has more tha provided.	n one bank account within the	e same bank, the name(s) of the	additional account(s) must b
Account Name			
Opening Balance this Period	Deposits this Period	Disbursements this Period	Closing Balance this Period
2. Name of Bank (Area Code) Telephone Number			nber
Mailing Address	- and - range and	and the second	and the second s
City, State, Zip Code			
Account Name			
Opening Balance this Period	Deposits this Period	Disbursements this Period	Closing Balance this Period
	n one bank account within th	e same bank, the name(s) of the	additional account(s) must be
f the committee has more tha provided. Account Name			
provided.	Deposits this Period	Disbursements this Period	Closing Balance this Period
Account Name		Disbursements this Period	Closing Balance this Period
Drovided. Account Name Opening Balance this Period DTHER ASSETS	Deposits this Period	Disbursements this Period ee hold any of the following (please	
Drovided. Account Name Opening Balance this Period DTHER ASSETS	Deposits this Period		
Dening Balance this Period Dening Balance this Period DTHER ASSETS Dther than the bank account(s)	Deposits this Period listed above, does this committe ney Market Account	ee hold any of the following (please	
Dening Balance this Period Dening Balance this Period DTHER ASSETS Dther than the bank account(s) Investment Institution Mo	Deposits this Period listed above, does this committe ney Market Account	e hold any of the following (please	

instructions.						
1. Name of Deposito	ory or Issuer			(Area Code)	Telephone Nur	mber
Mailing Address			<u></u>			
City, State, Zip Cod	e					
Account Name						Tanan tan
Type of Asset	□ C.D.	Mutual Fund	Bonds	□ Stocks	Other (so	pecify)
Value of Asset at Pu		manage Billion		Date of Maturity		
Opening Balance th	is Period	Deposits this	Period	Disbursements	this Period	Closing Balance this Period
lew Jersey Election Law Enfo	rcement Commiss	ion				Form R-3 Page 3 of 11 Revised: 02.28.

97 **X** 

Form R-3 Page 3 of 11 Revised: 02.28.2018

ITEMIZED RECEIPTS (Other than Loans)		SCHEDULI	ΞA	Page No.	1 of 1
PLEASE TYPE OR PRINT. PHOTOCOPIES MA	Y BE US	SED IF ADDITIONAL F	ORM	IS ARE NEEDED.	
Receipt Type (Use a service "Schedule A" for eac Currency All other Monetary Contrib Reimbursements/Refunds of Disbursements	ch type ar outions	nd for each separate ac In-Kind Contri Dividends/Inte	butio	it.) ns-Expenditures Ma	ade by Others
Committee Name Piscataway Regular Democ	cratic Org	anization			
Account Name Pisvataway Regular Democratic C	Organizati	ion			
Contributor Name John S. Wisniewski	Contrib	outor Address (Number a	nd S	treet) 27 Fritz Driv	/e
Occupation Attorney	City, St	tate, Zip Code Sayrev	ille, N	NJ 08872	
Employer Name Wisniewski & Associates, LLC		isto Reditionation		Date(s) Received his Period	Amount(s) Received this Period
Employer Address 17 Main Street				9/12/18	\$750.00
City, State, Zip Code Sayreville, NJ 08862					<i><i>wr</i> <b>o o o o o o o o o o</b></i>
Receipt Description (If In-Kind)		Aggregate Year-to-Da \$750,00	te		
Contributor Name	Contrib	utor Address (Number a	ind S	treet)	
Occupation	City, St	tate, Zip Code			
Employer Name				Date(s) Received	Amount(s) Received
Employer Address			-		
City, State, Zip Code			—		
Receipt Description (If In-Kind)		Aggregate Year-to-Da	te		
Contributor Name	Contrib	L outor Address (Number a	ind S	treet)	
Occupation	City, St	ate, Zip Code			
Employer Name	4			Date(s) Received	Amount(s) Received
Employer Address					
City, State, Zip Code	<u>(1</u>				
Receipt Description (If In-Kind)		Aggregate Year-to-Da	te		
Contributor Name	Contrib	Lutor Address (Number a	o ha	treat)	

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 t	his page.)		\$750.00		
2. TOTAL RECEIPTS, THIS PERIOD (Co Carry forward to applicable line on Page 2	mplete this line on the last page used for eac , Column A.)	h receipt type.	\$750.00		
ew Jersey Election Law Enforcement Commission		Form B	-3 Page 4 of 11 Revised 02 28 201		

•

0

Form R-3 Page 4 of 11 Revised 02 28 2018

LOANS RECEIVED	THAL THE THE THE	SCHEDULE	B Page No.	1	of 1	
PLEASE TYPE OR PRINT. PI Use a separate "SCHEDULE E	HOTOCOPIES MAY BE USED IN "for each separate account	ADDITIONAL FO	RMS ARE NEEDED	).		
Committee Name	Regular Democratic Organization		<u></u>			
Account Name	<u></u>	<u>, ,,, ,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			n	
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 Date Incurred Date Due					Annual Interest Rate	
Employer Name and Address (Number, Street, City, State and Zip Code)					gregate Year-to-Date	
1. Name and Address of Guaran	ntor			Arr	nount Outstanding	
Occupation	ccupation Employer Name and Address (Number, Street, City, State and Zip Code) A					
2. Name and Address of Guarantor					Amount Outstanding	
Occupation	Employer Name and Address (Number, Street, City, State and Zip Code) Aggregate Ye			gregate Year-to-Date		
Name and Address of Lender	Original Loan N/	New Loan this Period	Total Amount of Loan Plus Interes	st	Outstanding Balance this Period	
	Payments this Period	Amount	Check No(s)	- de la c	Date(s)	
Occupation	Terms	Date Incurred	Date Due	Annual Interest Rate		
Employer Name and Address (Number, Street, City, State and Zip Code)				Ag	gregate Year-to-Date	
1. Name and Address of Guaran	ntor		notes and the second	Am	nount Outstanding	
Occupation	Employer Name and Address (	Number, Street, City, S	State and Zip Code)	Aggregate Year-to-Date		
2. Name and Address of Guarar	ntor	·····		Amount Outstanding		

Occupation	Employer Name and Address (Number, Street, City, State and Zip Cod	Aggregate Year-to-Date
	5, THIS PERIOD (Complete this line on the last page used.	an 19 an 1997 - an 1
2. TOTAL AMOUNT OF	LOANS PLUS INTEREST, THIS PERIOD	
3. TOTAL LOAN PAYM Carry forward to Page 2	ENTS, THIS PERIOD (Complete this line on the last page used. , Line 17, Column A.)	
	STANDING LOANS PLUS INTEREST (Complete this line on the ack to Page 10, "Schedule F", Line 1.)	- Tanan - Andrea - An

I.

.

Form R-3 Page 5 of 11 Revised 02.28 2018

ADJUSTMENT SC	HEDULE - REFUN	D OF CONTRIBUTIONS	Page No.	1 of 1
PLEASE TYPE OR Use a separate "Al	PRINT. PHOTOC	OPIES MAY BE USED IF ADDITIONAL FO DULE" for each separate account	ORMS ARE NEEDED	· · · · · · · · · · · · · · · · · · ·
Committee Name		Regular Democratic Organization		
Account Name				
IF A MONETARY THE REFUND OF	CONTRIBUTION I	N EXCESS OF THE CONTRIBUTION LIN	AIT IS DEPOSITED,	PLEASE REPORT
Payment Date	Check No	Payee Name and Add		Refunded Amount
		······································		
1				
		N/A		

	······				
	i i				
				1	
<b>_</b>					
	f				
				i i i	
	ĺ				
TOTAL REFUND OF C	ONTRIBUTIONS, THIS P	ERIOD (Complete the	s line on the last nea	A	
ed. Carpy forward to Por	ge 2, Line 4, Column A)		a me on me tast pag	~	
ed Gairy Wald to Fag	ge z, tine 4, Column A )				
lersey Election Law Enforcement (	`ommuno.oo				

•

ł

Form R-3 Page 6 of 11 Revised 02.28 2018

ITEMIZED OPERATING DISBURSEMENTS	SC	HEDULE C	Page No. 1	of 1
PLEASE TYPE OR PRINT. PHOTOCOPIES Use a separate "SCHEDULE C" for each se		IONAL FORMS	ARE NEEDED.	
Committee Name Piscataway Regular Dem	ocratic Organization			
Account Name Piscataway Regular Democ	ratic Organization	·		
Payee or Creditor Name, Address (Number, Street, State, City, State and Zip Code)	Purpose*	Amount(s) Disbursed th Period	Transaction Is Dates	Check No(s)
*Legislative Leadership Committees - See ins	tructions concerning permise	sible uses of funds	5.	
Gate.com 100 North Riverside, Suite 800 Chicago, IL 60606	Website Expense	9.95 9.95 159.45	7/6/18 8/6/18 9/6/18	ACH Debit ACH Debit ACH Debit
Mary Giordano 64 Evans Avenue Piscataway, NJ 08854	Reimbursement for Postcards	92.82	7/29/18	4134
Ted Light 21 Winans Avenue Piscataway, NJ 08854	Reimbursement fot Rental of Post Office Bo	x 112.00	8/14/18	4135
Eldred Moore 30 Ethel Road Piscataway, NJ 08854	Part Time Help	150.00	8/16/18	4136
Veronica Moore 30 Ethel Road Piscataway, NJ 08854	Part Time Help	150.00	8/16/18	4137
American Legion Post 261 840 So. Washington Avenue Piscataway, NJ 08854	Room Rental	100.00	9/26/18	4139

<u> </u>			
			704.47
. SUBTOTAL (Add all disbursem	784.17		
2. TOTAL DISBURSEMENTS, THIS PERIOD (Complete this line on the last page used. Carry forward to Page 2, Line 14, Column A.)			784.17
w Jersey Election Law Enforcement Commission			Form R-3 Page 7 of 11 Revised: 02.28.

٠

Form R-3 Page 7 of 11 Revised: 02.28.2018

TEMIZED MONETARY CONTRIBUTIONS MADE	The second the second s			No. 1 of 1
PLEASE TYPE OR PRINT. PHOTOCOPIES MA Use a separate "SCHEDULE D" for each separate			NEEDED.	
Sew Jersey Gubernatorial Candidates/Commit			Candidates/Con	nmittees
All Other Candidates/Committees				
Committee Name Piscataway Regular Democr	atic Organization			
Account Name Piscataway Regular Democra	atic Organization			
Recipient Name and Address	Election Date	Ch	eck	Amount
Number and Street, City, State, Zip Code)	District or County or Municipality	No(s)	Date(s)	of each Contribution
Middlesex County Young Democrats 1804 Forest Haven Blvd.	November 6, 2018	4138	9/3/18	250.00
Edison, NJ 08817	Middlesex County			
				***
	·····			
		6337		
				1161)
	17		a 12	

SUBTOTAL (Add all contributions ma	de to each recipient type listed on this page.)	250.00
	IS PERIOD (Complete this line on the last page used for ge 2, either Line 15a, Line 15b, or Line 15c, Column A.)	250.00
Lersey Election Law Enforcement Commission		Form R-3 Page 8 of 11 Revised: 02 28

5

.

Form R-3 Page 8 of 11 Revised: 02.28.2018

REDON	SCHEDULE E	Page N	lo. 1 of	<b>`</b> 1
			).	
			/Committees	
	ispendent Expendit			1011-01-01-01-01-01-01-01-01-01-01-01-01
cratic Organization	um			
Purpose	Amount(s) thi	s Period	Transaction	h Check
	Incurred/Not Paid	Disbursed	Date(s)	No(s)
GANDIDATE(S)/COI	MMITTEE(S)			
	Election			Pro-Rated Amount
				<u> </u>
Purpose				
	Incurred/Not Paid	Disbursed	Date(s)	No(s)
			Contraction and the second second	1
G CANDIDATE(S)/CO	MMITTEE(S)		6984	<u></u>
G CANDIDATE(S)/CO	MMITTEE(S) Election Date		or County icipality	Pro-Rated Amount
	AY BE USED IF ADD te account and each nittees	AY BE USED IF ADDITIONAL FORMS A         te account and each separate recipient ty         iittees       New Jersey Legislative         Independent       Expendit         cratic Organization       Incurred/Not Paid         Purpose       Amount(s) thi         Incurred/Not Paid       Election         Date       Date	AY BE USED IF ADDITIONAL FORMS ARE NEEDED         te account and each separate recipient type.         nittees       New Jersey Legislative Candidates         independent Expenditures         cratic Organization         Purpose       Amount(s) this Period         Incurred/Not Paid       Disbursed         CANDIDATE(S)/COMMITTEE(S)         Election       District of or Munter         Date       Or Munter         N/A       Amount(s) this Period         Purpose       Amount(s) this Period	AY BE USED IF ADDITIONAL FORMS ARE NEEDED. te account and each separate recipient type.         iittees       New Jersey Legislative Candidates/Committees         iittees       Independent Expenditures         cratic Organization       Independent Expenditures         Purpose       Amount(s) this Period       Transaction         Purpose       Amount(s) this Period       Date(s)         CANDIDATE(S)/COMMITTEE(S)       District or County or Municipality         CANDIDATE(S)/COMMITTEE(S)       District or County or Municipality         N/A       Amount(s) this Period       Transaction

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.)		And Holders
4. TOTAL OUTSTANDING OBLIGATIONS INCURRED/NOT PAID (Complete this line on the last page used. Carry back to Page 10, "Schedule F", Line 2.)	<u></u>	
and James Election Law Enforcement Complexing	Form R-3 Page 9 of 11 Pa	uland 02 28 20

.

Form R-3 Page 9 of 11 Revised 02.28.2018

DEBTS AND OBLIGATIONS OWED BY CO	MMITTEE	SCHEDULE F	Page No. 1	of 1
PLEASE TYPE OR PRINT. PHOTOCOPIES Use a separate "SCHEDULE F" for each sep		DITIONAL FORMS	ARE NEEDED.	
Committee Name				
Piscataway Regula	r Democratic Organizatio	on		a
Account Name				
Creditor Name and Address (Number, Street, City, State, and Zip Code)	Outstanding Beginning Balanc this Period	e Amount Incurred this Period	Payments this Period	Outstanding Balance this Period
Debt Purpose				
	_ N/			
Debt Purpose	IN/			
Debt Purpose				

Debt Purpose		
SUMMARY OF DEBTS AND OBLIGATIO	NS	
1. TOTAL OUTSTANDING LOANS PLUS LINE 4	INTEREST FROM SCHEDULE B, PAGE 5,	
2. TOTAL OUTSTANDING OBLIGATION: CANDIDATES/COMMITTEES FROM SCH	S INCURRED/NOT PAID ON BEHALF OF IEDULE E, PAGE 9, LINE 4	
3. TOTAL OUTSTANDING OBLIGATIONS (Complete this line on the last page used.		
4. TOTAL OUTSTANDING DEBTS/OBLIC (Add lines 1, 2 and 3. Carry forward to from		
	ne contracte contracte second according to the second	 

Form R-3 Page 10 of 11 Revised: 02.28.2018

DEBTS AND OBLIG (Accounts Receiva	GATIONS OWED TO COMN able)	NITTEE	SCHEDULE G	Page No. 1	of 1
PLEASE TYPE OR	PRINT. PHOTOCOPIES M HEDULE G" for each separa		DITIONAL FORMS	ARE NEEDED.	
Committee Name	Piscataway Regular Democi				
Account Name			ENCLOSUINT C.		
Debtor Name and Ad (Number, Street, City	ddress y, 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				
	<u> </u>				
Date Debt Incurred	Debt Description				
	1	N	I/A		
Date Debt Incurred	Debt Description				
	1				
Date Debt Incurred	Debt Description				

Date Debt Incurred	Debt Description			
SUMMARY OF DEE	STS AND OBLIGATIONS			 
	all debts and obligations owed	to committee liste	ed on this page.)	
5777 - 1927 - 1979 1777 1778 1779 1779 1779 1779 1779	ND OBLIGATIONS OWED TO on the last page used. Carry for		e, Line 8.)	

. .

Form R-3 Page 11 of 11 Revised 02.28.2018