



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
OCT 15 2018

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 H1217000111Q2018

Committee Type: CPC, PPC (checked), LLC
Check if: Amendment, First Report Filed
Report Quarter: Apr 15, Jul 15, Oct 15 (checked), 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 4 columns: Description, 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 2 columns: Description, Column B (Calendar Year-to-Date). 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.

Handwritten date 10/12/18, name Chanelle McCullum, and signature Chanelle McCullum. Includes fields for address and telephone numbers.

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)	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		
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)	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		
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:		
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

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 3496.11	Deposits this Period 750.00	Disbursements this Period 1034.17	Closing Balance this Period 3211.94
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):			
<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			
<input type="checkbox"/> Money Market <input type="checkbox"/> C.D. <input type="checkbox"/> Mutual Fund <input type="checkbox"/> Bonds <input type="checkbox"/> Stocks <input type="checkbox"/> 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. 1 of 1	
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 Piscataway Regular Democratic Organization					
Account Name Piscataway Regular Democratic Organization					
Contributor Name John S. Wisniewski			Contributor Address (Number and Street) 27 Fritz Drive		
Occupation Attorney			City, State, Zip Code Sayreville, NJ 08872		
Employer Name Wisniewski & Associates, LLC			Date(s) Received this Period	Amount(s) Received this Period	
Employer Address 17 Main Street			9/12/18	\$750.00	
City, State, Zip Code Sayreville, NJ 08862					
Receipt Description (If In-Kind)			Aggregate Year-to-Date \$750.00		
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		
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.)				\$750.00	
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.)				\$750.00	

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	
Occupation	Employer Name and Address (Number, Street, City, State and Zip Code)			Aggregate Year-to-Date	
Name and Address of Lender	Original Loan Amount	N/A 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.)					

ADJUSTMENT SCHEDULE - REFUND OF CONTRIBUTIONS

Page No. **1** of **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 1
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.				
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 for Rental of Post Office Box	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
1. SUBTOTAL (Add all disbursements listed on this page.)				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

ITEMIZED MONETARY CONTRIBUTIONS MADE TO CANDIDATES/COMMITTEES			SCHEDULE D		Page No. 1 of 1
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.					
<input type="checkbox"/> New Jersey Gubernatorial Candidates/Committees			<input type="checkbox"/> New Jersey Legislative Candidates/Committees		
<input checked="" type="checkbox"/> 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 District or County or Municipality	Check		Amount of each Contribution	
		No(s)	Date(s)		
Middlesex County Young Democrats 1804 Forest Haven Blvd. Edison, NJ 08817	November 6, 2018 Middlesex County	4138	9/3/18	250.00	
1. SUBTOTAL (Add all contributions made to each recipient type listed on this page.)				250.00	
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.)				250.00	

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.				
<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 <small>Incurred/Not Paid Disbursed</small>	Transaction <small>Date(s)</small>	Check <small>No(s)</small>
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 <small>Incurred/Not Paid Disbursed</small>	Transaction <small>Date(s)</small>	Check <small>No(s)</small>
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							
N/A								
<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							

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.)	