RECEIPTS	AND EXPENDIT	URES Q	UAR	TERLY REPORT	FORM R-3
	SEY ELECTION LA	W ENFORC	EMEN		FOR STATE USE ONLY
	P.O. Box 185, Tre				
(609)	292-8700 or Toll Free V wi	ww.elec.nj.go		-ELEC (3552)	ELEC RECEIVE
					JAN 1 5 2019
DEASE TYPE OR PRINT				<u> </u>	
	FISCalaway INE		ratic Or	ganization	
ddress (Number and Street) 🗌 Che	ck if different than previou	usly reported		PO Box 1291	
ity, State, Zip Code Piscataway,	NJ 08854		ELEC	Identification Number H1	217000111Q2018
Committee Type Ch	eck if:		Repo	ort Quarter	7 2010
CPC PPC LLC	Amendment First	Report Filed	Ap	or 15 Jul 15 Oct 15	Jan 15 Year_2019
o not attempt to complete the ave been completed.	"Depository Informati	ion" or the "	Net Fil	nancial Summary" until	the appropriate schedules
EPOSITORY INFORMATION	······			Column A	Column B
	From 10/1/18	Through 12/31/1	8		Calendar
Period Covered		12/31/10		This Report	Year-to-Date
1. Cash on Hand, January 1, _					27,112.53
2. Cash on Hand, Beginning of	Reporting Period			3211.94	
3. Monetary Receipts		(*	+)	0	750.00
4. Subtotal				3211.94	27,862.53
5. Monetary Expenditures		(-)	3168 23	27,818.82
6. Cash on Hand, Close of Rep	orting Period			43.71	43.71
NET FINANCIAL SUMMARY					and the second second
7. Cash on Hand, Close of Rep	orting Period				43.71
8. Debt owed to Committee				(+)	0
9. Subtotal					43.71
10. Debt Owed by Committee				(-)	0
11. Total (Net Worth)					43 71
	TREAS	URER CER	TIFIC	ATION	
					re with the limitations
certify that the statements on this designated by law. I am aware that					
nenos ₩ sementes en e chatolite te artis filetaria filetaria. A l	n en		- <i>11</i>		le McCell
1819	Chanelle McCullum			Chard	le Mclall
DATE	PRINT NAME			SIGNATURE	
	62 Morris Lane			(732) 371-3307	,
	ADDRESS			(AREA CODE) DAY TE	LEPHONE NUMBER
	Piscataway, NJ 088	354		Same	
	-			*(AREA CODE) EVENIN	IG TELEPHONE NUMBER

TABLE I RECEIPTS	Column A	Column B
		Calendar
Monetary Receipts	This Report	Year-to-Date
1. Contributions, \$300 or less	0	0
2. Contributions, more than \$300 (Schedule A)	0	750.00
2a. Currency Contributions (Schedule A)	0	0
3. Total (Add lines 1, 2 and 2a)	0	750.00
4. Refund of Contributions (Adjustment Schedule) (-)	0	0
5. Subtotal (Subtract line 4 from line 3)	0	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
 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	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)	0	750.00
TABLE II EXPENDITURES		
14. Operating Disbursement (Schedule C)	2993.23	7143.82
Contributions (from the Committee) to:		
15a. NJ Gubernatorial Candidates/Committees (Schedule D)	0	o
15b. NJ Legislative Candidates/Committees (Schedule D)	0	0
15c. All other Candidates/Committees (Schedule D)	175.00	20,675.00
Expenditures Made on Behalf of:	and the second second	
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)	3168.23	27,818.82
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)	3168.23	27,818.82

	Regular Democratic Organization	n	
BANK ACCOUNT INFORMATIO	N		
1. Name of Bank PNC Bank		(Area Code) Telephone Nu	mber (732) 968-8624
Mailing Address 1240 Stelte	on Road		
City, State, Zip Code Piscataw	ay, NJ 08854		ny tanàna amin'ny tanàna amin'ny tanàna mandritra dia mandritra dia mandritra dia mandritra dia mandritra dia m
Account Name Piscataway Re	gular Democratic Organization		
Opening Balance this Period 3211.94	Deposits this Period	Disbursements this Period 3168.23	Closing Balance this Period 43.71
If the committee has more than provided.	one bank account within the	same bank, the name(s) of the	additional account(s) must
Account Name			an a
Opening Balance this Period	Deposits this Period	Disbursements this Period	Closing Balance this Period
2. Name of Bank	0000 0000 0000	(Area Code) Telephone Nu	mber
Mailing Address	100 100 100		
City, State, Zip Code	B B B		
Account Name			<u> </u>
Opening Balance this Period	Deposits this Period	Disbursements this Period	Closing Balance this Perio
	and book account within the	and hault the name (a) of the	
	one bank account within the	same bank, the name(s) of the	additional account(s) must
provided.	one bank account within the	same bank, the name(s) of the	additional account(s) must
provided. Account Name		· · · · · · · · · · · · · · · · · · ·	
provided. Account Name	Deposits this Period	Disbursements this Period	
provided. Account Name Opening Balance this Period		· · · · · · · · · · · · · · · · · · ·	
provided. Account Name Opening Balance this Period OTHER ASSETS Other than the bank account(s) lis	Deposits this Period ted above, does this committee	Disbursements this Period hold any of the following (please	Closing Balance this Perio
Provided. Account Name Opening Balance this Period DTHER ASSETS Other than the bank account(s) lis	Deposits this Period ited above, does this committee by Market Account	Disbursements this Period hold any of the following (please Bonds	Closing Balance this Perio
Dening Balance this Period DTHER ASSETS Other than the bank account(s) lis Investment Institution Mone Certificate of Deposit (C.D.	Deposits this Period ited above, does this committee by Market Account	Disbursements this Period hold any of the following (please Bonds Stocks	Closing Balance this Perio
provided. Account Name Opening Balance this Period OTHER ASSETS Other than the bank account(s) lis	Deposits this Period ited above, does this committee by Market Account	Disbursements this Period hold any of the following (please Bonds	Closing Balance this Perio
provided. Account Name Opening Balance this Period OTHER ASSETS Other than the bank account(s) lis Investment Institution Mone Certificate of Deposit (C.D. Mutual Fund Account Other (please specify)	Deposits this Period sted above, does this committee by Market Account)	Disbursements this Period hold any of the following (please Bonds Stocks Real Property	Closing Balance this Perio
provided. Account Name Opening Balance this Period OTHER ASSETS Other than the bank account(s) list Investment Institution Mone Certificate of Deposit (C.D.) Mutual Fund Account Other (please specify) For each item checked ("X") above Real Property Schedule must be for	Deposits this Period sted above, does this committee by Market Account) ///////////////////////////////////	Disbursements this Period hold any of the following (please Bonds Stocks Real Property ease complete the following inform	Closing Balance this Perio e X): mation. If real property is held,
provided. Account Name Opening Balance this Period OTHER ASSETS Other than the bank account(s) lis Investment Institution Mone Certificate of Deposit (C.D. Mutual Fund Account Other (please specify) For each item checked ("X") above Real Property Schedule must be finstructions.	Deposits this Period sted above, does this committee by Market Account) ///////////////////////////////////	Disbursements this Period hold any of the following (please Bonds Stocks Real Property ease complete the following inform	Closing Balance this Perio e X): mation. If real property is held, Property Schedule and
provided. Account Name Opening Balance this Period OTHER ASSETS Other than the bank account(s) lis Investment Institution Mone Certificate of Deposit (C.D. Mutual Fund Account Other (please specify) For each item checked ("X") above Real Property Schedule must be finstructions. 1. Name of Depository or Issuer	Deposits this Period sted above, does this committee by Market Account) ///////////////////////////////////	Disbursements this Period hold any of the following (please Bonds Stocks Real Property ease complete the following inform ontact the Commission for a Real	Closing Balance this Perio e X): mation. If real property is held, Property Schedule and
provided. Account Name Opening Balance this Period OTHER ASSETS Other than the bank account(s) lis □ Investment Institution Mone □ Certificate of Deposit (C.D. □ Mutual Fund Account □ Other (please specify) For each item checked ("X") above Real Property Schedule must be for instructions. 1. Name of Depository or Issuer Mailing Address	Deposits this Period sted above, does this committee by Market Account) ///////////////////////////////////	Disbursements this Period hold any of the following (please Bonds Stocks Real Property ease complete the following inform ontact the Commission for a Real	Closing Balance this Perio e X): mation. If real property is held, Property Schedule and
provided. Account Name Opening Balance this Period OTHER ASSETS Other than the bank account(s) lis Investment Institution Mone Certificate of Deposit (C.D. Mutual Fund Account	Deposits this Period sted above, does this committee by Market Account) ///////////////////////////////////	Disbursements this Period hold any of the following (please Bonds Stocks Real Property ease complete the following inform ontact the Commission for a Real	Closing Balance this Perio e X): mation. If real property is held, Property Schedule and
provided. Account Name Opening Balance this Period OTHER ASSETS Other than the bank account(s) lis □ Investment Institution Mone □ Certificate of Deposit (C.D. □ Mutual Fund Account □ Other (please specify) For each item checked ("X") abov Real Property Schedule must be finstructions. 1. Name of Depository or Issuer Mailing Address City, State, Zip Code Account Name	Deposits this Period sted above, does this committee by Market Account) ///////////////////////////////////	Disbursements this Period hold any of the following (please Bonds Stocks Real Property ease complete the following inform ontact the Commission for a Real	Closing Balance this Perio e X): mation. If real property is held, Property Schedule and
provided. Account Name Opening Balance this Period OTHER ASSETS Other than the bank account(s) lis □ Investment Institution Mone □ Certificate of Deposit (C.D. □ Mutual Fund Account □ Other (please specify) For each item checked ("X") above Real Property Schedule must be finstructions. 1. Name of Depository or Issuer Mailing Address City, State, Zip Code	Deposits this Period sted above, does this committee by Market Account) ///////////////////////////////////	Disbursements this Period hold any of the following (please Bonds Stocks Real Property ease complete the following inform ontact the Commission for a Real (Area Code) Telephone Nut	Closing Balance this Perio e X): mation. If real property is held, Property Schedule and mber
provided. Account Name Opening Balance this Period OTHER ASSETS Other than the bank account(s) lis □ Investment Institution Mone □ Certificate of Deposit (C.D. □ Mutual Fund Account □ Other (please specify) For each item checked ("X") above Real Property Schedule must be finstructions. 1. Name of Depository or Issuer Mailling Address City, State, Zip Code Account Name Type of Asset	Deposits this Period ited above, does this committee by Market Account) //////////////////////////////////	Disbursements this Period hold any of the following (please Bonds Stocks Real Property ease complete the following informontact the Commission for a Real (Area Code) Telephone Nut	nation. if real property is held, Property Schedule and mber

ITEMIZED RECEIPTS (Other than Loans)		SCHEDULE A	A Page No. 1	of 1
PLEASE TYPE OR PRINT. PHOTOCOPIES MA			and the second se	
Receipt Type (Use a separate "Schedule A" for ea			ions-Expenditures Ma	ade by Others
Committee Name Piscataway Regular Demo	cratic Organiza	ation		
Account Name Piscataway Regular Democratic	Organization			
Contributor Name	Contributor	Address (Number and	Street)	
Occupation	City, State, 2	Zıp Code		1997 - Annie Annie - An
Employer Name	<u></u>		Date(s) Received this Period	Amount(s) Received this Period
Employer Address				
City, State, Zip Code				
Receipt Description (If In-Kind)	Ag	gregate Year-to-Date		
Contributor Name	Contributor	Address (Number and	Street)	<u></u>
Occupation	City, State,	Zip Code		
Employer Name	N/	A	Date(s) Received	Amount(s) Received
Employer Address		·······		
City, State, Zip Code				
Receipt Description (If In-Kind)	Ag	gregate Year-to-Date		
Contributor Name	Contributor	Address (Number and	Street)	
Occupation	City, State,	Zip Code		non an inducer
Employer Name			Date(s) Received	Amount(s) Received
Employer Address				
City, State, Zip Code				
Receipt Description (If In-Kind)	Ag	gregate Year-to-Date		
Contributor Name	Contributor	Address (Number and	Street)	
Occupation	City, State,	Zip Code	IIC III	
Employer Name			Date(s) Received	Amount(s) Received
Employer Address				
City, State, Zip Code				
Receipt Description (If In-Kind)	Ag	gregate Year-to-Date		
1. SUBTOTAL (Add all receipts listed on this page.)			
2. TOTAL RECEIPTS, THIS PERIOD (Complete th		ast page used for each	receipt type.	
Carry forward to applicable line on Page 2, Column Jew Jersey Election Law Enforcement Commission	A.)		Form R-	3 Page 4 of 11 Revised: 02.28.2018

LOANS RECEIVED		SCHEDULE	B Page No.	1	of 1
NT - 프랑크랑 2013 NOV - 1997 NOV - 1978 NOV - 2013 NOV - 2013 NOV - 201 - 201	OTOCOPIES MAY BE USED IF	ADDITIONAL FO	ORMS ARE NEEDE	D.	
Use a separate "SCHEDULE B"	for each separate account.		•		and the second sec
Committee Name Piscataway	Regular Democratic Organization				
Account Name				9001150	
Name and Address of Lender	Original Loan	New Loan	Total Amount of	~!	Outstanding Balance this Period
	Amount	this Period	Loan Plus Intere	SL	inis Penoa
	Payments this Period	Amount	Check No(s)		Date(s)
Orestan		Date Incurred	Date Due		Annual Interest Rate
Occupation	Terms:	Date incurred	Date Due		Annual Interest Rate
Employer Name and Address (N	umber, Street, City, State and Zip Co	de)		Ag	gregate Year-to-Date
1. Name and Address of Guaran	tor			An	nount Outstanding
Occupation	Employer Name and Address (Number Street City	State and Zin Code)	A.	gregate Year-to-Date
Occupation	Employer Name and Address (aunioer, oneer, ony,			gregate real-to-bate
2. Name and Address of Guaran	tor	10.10 MARK - 1		An	nount Outstanding
Occupation	Employer Name and Address (Number, Street, City,	State and Zip Code)	Ag	gregate Year-to-Date
				1	
Name and Address of Lender	Original Loan	Alew Loan	Total Amount of	. 1946	Outstanding Balance
	Amount	this Period	Loan Plus intere	st	this Period
	Payments this Period	d Amount Check No(s)			Date(s)
	,				
Occupation	Terms	Date Incurred	Date Due		Annual Interest Rate
Factor News and Address Ar			1		
Employer Name and Address (N	umber, Street, City, State and Zip Co	de)		Ag	gregate Year-to-Date
1. Name and Address of Guaran	tor		1 10 00	An	nount Outstanding
Occupation	Employer Name and Address (I	Number, Street, City,	State and Zip Code)	Ag	gregate Year-to-Date
2. Name and Address of Guaran	tor			An	nount Outstanding
2. Name and Address of Oddram					ioun outstanding
Occupation	Employer Name and Address (I	Number, Street, City,	State and Zip Code)	Ag	gregate Year-to-Date
and the second second second	100mi	A distance and solver			
Carry forward to Page 2, Line 9,	ERIOD (Complete this line on the Column A.)	e last page used.			
	PLUS INTEREST, THIS PERIO	D			
2. TOTAL REPORT OF LOANS					
3. TOTAL LOAN PAYMENTS, T	HIS PERIOD (Complete this line	on the last page us	sed.		· · · · · · · · · · · · · · · · · · ·
Carry forward to Page 2, Line 17	281 A 20 3 3				
4. TOTAL OF ALL OUTSTAND	NG LOANS PLUS INTEREST (C	Complete this line of	on the		
last page used. Carry back to Pa	ige 10, "Schedule F", Line 1.)				
ew Jersey Election Law Enforcement Commission	on		Г	n R•3 F	Page 5 of 11 Revised 02.28.201

ADJUSTMENT SC	CHEDULE - REFUND	OF CONTRIBUTIONS	Page No. 1	of 1
PLEASE TYPE O	R PRINT. PHOTOCOL	PIES MAY BE USED IF ADDITIONAL F ULE" for each separate account	ORMS ARE NEEDED.	
Committee Name		egular Democratic Organization		
Account Name				
F A MONETARY THE REFUND OF	CONTRIBUTION IN THE EXCESS AMO	EXCESS OF THE CONTRIBUTION L UNT ON THIS ADJUSTMENT SCHED	IMIT IS DEPOSITED, PL JULE.	EASE REPORT
Payment Date	Check No	Payee Name and Ac		Refunded Amount
		N/A		
		IN/ <i>F</i>		
	· ·			
				_
. TOTAL REFUN	D OF CONTRIBUTION d to Page 2, Line 4, Col	S, THIS PERIOD (Complete this line on t	he last page	

Form R-3 Page 6 of 11 Revised 02 28 2018

TEMIZED OPERATING DISBURSEMENTS	to surger and		age No. 1	of 2
PLEASE TYPE OR PRINT. PHOTOCOPIES Jse a separate "SCHEDULE C" for each sep		NAL FORMS ARE	NEEDED.	
Sama litta a Marsa				á.
Piscataway Regular Demo	ocratic Organization			
Account Name Piscataway Regular Democ	ratic Organization		~1	
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 inst	ructions concerning permissib	le uses of funds.		
Gate.com 100 North Riverside, Suite 800 Chicago, IL 60606	Website Expense	9.95 9.95 9.95	10/9/18 11/6/18 12/6/18	ACH Debit ACH Debit ACH Debit
Mary Giordano 64 Evans Avenue Piscataway, NJ 08854	Reimbursement for Postcards	97.50	10/15/18	4140
Division of Alcoholic Beverage Control State of NJ Dept. of Law & Public Safety PO Box 087 Trenton, NJ 08625-0087	Social Affairs Permit	150.00	10/8/18	Bank Debi
American Legion Post 261 840 So. Washington Avenue Piscataway, NJ 08854	Room Rental	100.00	10/15/18	4141
NAACP Perth Amboy Area Branch #2099 PO Box 1219 Perth Amboy, NJ 08862	Event Ticket	75.00	10/20/18	4142
VOID		0	10/20/18	4143
Our Lady of Fatima Church 501 New Market Road Piscataway, 08854	Event Ticket	50.00	10/20/18	4144
American Legion Post 261 840 So. Washington Avenue Piscataway, NJ 08854	Refreshments for Meeting	39.75	10/24/18	4146
Piscataway Knights of Columbus Council #11017 208 Bound Brook Avenue Piscataway, NJ 08854	Tickets to Special Olympics Breakfast	80.00	10/27/18	4147
New Brunswick Area Branch NAACP #2094 PO Box 235 New Brunswick, NJ 08093	Tickets to Community Service Awards Luncheon	65.00	11/10/18	4148
Piscataway Knights of Columbus Council# 11017 208 Bound Brook Avenue Piscataway, NJ 08854	Tickets to Breakfast with Santa Fundraising Breakfast	120.00	12/16/18	4149
1. SUBTOTAL (Add all disbursements listed of	the second s	<u> </u>		807.10
2. TOTAL DISBURSEMENTS, THIS PERIOD forward to Page 2, Line 14, Column A.)	(Complete this line on the last	page used. Carry		

TEMIZED OPERATING DISBURSEMENTS			age No. 2	of 2
PLEASE TYPE OR PRINT. PHOTOCOPIE Jse a separate "SCHEDULE C" for each se		NAL FORMS ARE	NEEDED.	
Committee Nome	emocratic Organization			
Account Name Piscataway Regular Demo	cratic Organization	7. Ya		
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 ins	tructions concerning permissib	e uses of funds.	1	
Cedar Grove Catering 160 Stelton Road Piscataway, NJ 08854	Catering for Holiday Party	1762.89	12/19/18	4150
American Legion Post 261 840 So. Washington Avenue Piscataway, NJ 08854	Room Rental	100.00	12/19/19	4151
American Legion Post 261 840 So. Washington Avenue Piscataway, NJ 08854	Holiday Party Refreshments	208.75	12/19/18	4152
Shirley Myers 50 Poplar Road Piscataway, NJ 08854	Reimbursement for Paper Goods	42 49	12/19/18	4153
Possumtown Fire Department 85 Stratton Street South Piscataway, NJ 08854	Christmas Breakfast	72.00	12/23/18	4154
. SUBTOTAL (Add all disbursements listed o	n this name)			2196 12
- JUDI VIAL (AUG all disoursements listed o	n uns page.)			2186.13

ITEMIZED MONETARY CONTRIBUTIONS MADE TO	CANDIDATES/COMMITTI	EES SCHED	ULE D Page I	No. 1 of 1
PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE Use a separate "SCHEDULE D" for each separate acc			IEEDED.	
See a separate SCHEDOLE D Tor each separate acc See a separate schedole D Tor each separate schedo			andidates/Com	mittees
All Other Candidates/Committees				
Committee Name Piscataway Regular Democratic	Organization			
Account Name Piscataway Regular Democratic C	Organization			
Recipient Name and Address	Election Date	Che		Amount
(Number and Street, City, State, Zip Code)	District or County or Municipality	No(s)	Date(s)	of each Contribution
Middlesex County Federation of Democratic Women	November 6, 2018			475.00
PO Box 481 Metuchen, NJ 08040	Middlesex County	4145	10/22/18	175 00
		-		
		-		
		-		
	· · · · · · · · · · · · · · · · · · ·			
		-		
	· · · · ·			
1. SUBTOTAL (Add all contributions made to each red	cipient type listed on this pa	age)		175 00
2. TOTAL, THIS RECIPIENT TYPE, THIS PERIOD (C each recipient type. Carry forward to Page 2, either Li		175 00		

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ITEMIZED EXPENDITURES MADE AND INCURRENT BEHALF OF CANDIDATES/COMMITTEES	SCHEDULE E	Page N	lo. 1	of	1	
PLEASE TYPE OR PRINT. PHOTOCOPIES MAY E Use a separate "SCHEDULE E" for each separate and) .		
New Jersey Gubernatorial Candidates/Committee	es 🗆 N	lew Jersey Legislativ	e Candidates	Committe	ees	
All Other Candidates/Committees	ı 🗆	ndependent Expend	itures			
Committee Name Piscataway Regular Democrati	c Organization					
Account Name						
Payee Name and Address	Purpose	Amount(s) th	nis Period	Transac	ction	Check
(Number, Street, City, State and Zip Code)		Incurred/Not Paid	Disbursed	Date(s)	No(s)
ALLOCATION OF EXPENDITURES BENEFITING CA	NDIDATE(S)/CO	DMMITTEE(S)		I		
Candidate/Committee Name		Election Date	1549030323334045	or County iicipality		Pro-Rated Amount
Deuce Nome and Address	N/A	Amount(c) t	in Deried	Transac		Check
Payee Name and Address	Purpose	Amount(s) t	1	Date(No(s)
(Number, Street, City, State and Zip Code)			Disbursed	Date	5)	10(5)
ALLOCATION OF EXPENDITURES BENEFITING CA	NDIDATE(S)/CO	OMMITTEE(S)			-	
Candidate/Committee Name		Election Date	2 C C C C C C C C C C C C C C C C C C C	or County iicipality		Pro-Rated Amount
						,,,,, -u
1. SUBTOTAL (Add all disbursements made to each re	ecipient type list	ed on this page.)	1			10, 199
2. TOTAL DISBURSEMENTS, THIS PERIOD (Complete each recipient type Carry forward to Page 2, either Lin Column A.)						
3. SUBTOTAL (Add all outstanding obligations incurre	d/not paid, listed	d on this page.)			4	
4. TOTAL OUTSTANDING OBLIGATIONS INCURRE the last page used. Carry back to Page 10, "Schedule	State of the second second state and second second	omplete this line on		P. 2 Dago 9 of		

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DEBTS AND OBLIGATIONS OWED BY COMMI	TTEE S	CHEDULE F	Page No. 1	of 1
PLEASE TYPE OR PRINT. PHOTOCOPIES MA Use a separate "SCHEDULE F" for each separat		TIONAL FORMS	ARE NEEDED.	
Committee Name Piscataway Regular Der			2.0002	
Account Name		anna stadi sa		1996 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 -
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	l		I	L
1. TOTAL OUTSTANDING LOANS PLUS INTER	REST FROM SCHED	ULE B, PAGE 5,		- et
2. TOTAL OUTSTANDING OBLIGATIONS INCU CANDIDATES/COMMITTEES FROM SCHEDUL				<u></u>
3. TOTAL OUTSTANDING OBLIGATIONS, SCH (Complete this line on the last page used.) 4. TOTAL OUTSTANDING DEBTS/OBLIGATION (Add lines 1, 2 and 3. Carry forward to front page	EDULE F			

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DEBTS AND OBLIC (Accounts Received	GATIONS OWED TO COMM able)	AITTEE	SCHEDULE G	Page No. 1	of 1
PLEASE TYPE OR	PRINT. PHOTOCOPIES M HEDULE G" for each separate		DITIONAL FORMS A	RE NEEDED.	an, mail mail mail mail.
Committee Name	Piscataway Regular Democ				
Account Name		anti yang yang yang ang ya			
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				
Date Debt Incurred	Debt Description	_			
		N	J/A		
Date Debt incurred	Debt Description				
Date Debt Incurred	Debt Description				
Date Debt Incurred	Debt Description				
	STS AND OBLIGATIONS			·	
	I all debts and obligations ov		ted on this page.)		
	ND OBLIGATIONS OWED on the last page used. Carry		ge, Line 8.)		- <u></u>

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