



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
JAN 15 2019

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: PPC (checked), CPC, LLC
Check if: Amendment, First Report Filed
Report Quarter: Jan 15 (checked), Apr 15, Jul 15, Oct 15, Year 2019

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 10/1/18, Through 12/31/18, Column A (This Report), Column B (Calendar Year-to-Date). Rows include Cash on Hand, Monetary Receipts, Expenditures, and Subtotal.

Table with 2 columns: Description, Amount. Rows include Cash on Hand, Debt owed to Committee, 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 1/8/19, Signature of Chanelle McCullum, Address: 62 Morris Lane, Piscataway, NJ 08854, Telephone: (732) 371-3307

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	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		
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	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	0
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:		
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

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 3211.94	Deposits this Period 0	Disbursements this Period 3168.23	Closing Balance this Period 43.71
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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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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			Contributor Address (Number and Street)		
Occupation			City, State, Zip Code		
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	
N/A					
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
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

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.				
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 Debit
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 on this page.)				807.10
2. TOTAL DISBURSEMENTS, THIS PERIOD (Complete this line on the last page used. Carry forward to Page 2, Line 14, Column A.)				

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)
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*Legislative Leadership Committees - See instructions concerning permissible uses of funds.

Cedar Grove Catering 160 Stelton Road Piscataway, NJ 08854	Catering for Holiday Party	1762.89	12/19/18	4150
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American Legion Post 261 840 So. Washington Avenue Piscataway, NJ 08854	Room Rental	100.00	12/19/19	4151
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American Legion Post 261 840 So. Washington Avenue Piscataway, NJ 08854	Holiday Party Refreshments	208.75	12/19/18	4152
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Shirley Myers 50 Poplar Road Piscataway, NJ 08854	Reimbursement for Paper Goods	42.49	12/19/18	4153
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Possumtown Fire Department 85 Stratton Street South Piscataway, NJ 08854	Christmas Breakfast	72.00	12/23/18	4154
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1. SUBTOTAL (Add all disbursements listed on this page.)				2186.13
2. TOTAL DISBURSEMENTS, THIS PERIOD (Complete this line on the last page used. Carry forward to Page 2, Line 14, Column A.)				2993.23

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)	
Middlesex County Federation of Democratic Women PO Box 481 Metuchen, NJ 08040	November 6, 2018	4145	10/22/18	175 00
	Middlesex County			
1. SUBTOTAL (Add all contributions made to each recipient type listed on this page)				175 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)				175 00

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.)	

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
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Debt Purpose

	N/A			
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Debt Purpose

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Debt Purpose

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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
Date Debt Incurred	Debt Description			
Date Debt Incurred	Debt Description			
	N/A			
Date Debt Incurred	Debt Description			
Date Debt Incurred	Debt Description			
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.)	