



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

PLEASE TYPE OR PRINT

Committee Name or Approved Acronym _____

Address (Number and Street) Check if different than previously reported _____

City, State, Zip Code _____

ELEC Identification Number _____

Committee Type

CPC PPC LLC

Check if:

Amendment First Report Filed

Report Quarter

Apr 15 Jul 15 Oct 15 Jan 15 Year _____

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

DEPOSITORY INFORMATION

Period Covered	From	Through	Column A	Column B
			This Report	Calendar Year-to-Date
1. Cash on Hand, January 1, _____				
2. Cash on Hand, Beginning of Reporting Period				
3. Monetary Receipts		(+)		
4. Subtotal				
5. Monetary Expenditures		(-)		
6. Cash on Hand, Close of Reporting Period				

NET FINANCIAL SUMMARY

7. Cash on Hand, Close of Reporting Period				
8. Debt owed to Committee			(+)	
9. Subtotal				
10. Debt Owed by Committee			(-)	
11. 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.

DATE _____

PRINT NAME _____

SIGNATURE _____

ADDRESS _____

*(AREA CODE) DAY TELEPHONE NUMBER _____

*(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		
2. Contributions, more than \$300 (Schedule A)		
2a. Currency Contributions (Schedule A)		
3. Total (Add lines 1, 2 and 2a)		
4. Refund of Contributions (Adjustment Schedule) (-)		
5. Subtotal (Subtract line 4 from line 3)		
Other Receipts		
6. Reimbursements/Refunds (Schedule A)		
7. Dividends/Interest (Schedule A)		
8. Loans Received by Committee, \$300 or Less		
9. Loans Received by Committee more than \$300 and all Currency Loans (Schedule B)		
10. Total Monetary Receipts (Add lines 5 through 9)		
11. In-kind Contributions, \$300 or less		
12. In-kind Contributions, more than \$300 (Schedule A)		
13. Gross Receipts (Add lines 10, 11 and 12)		
TABLE II EXPENDITURES		
14. Operating Disbursement (Schedule C)		
Contributions (from the Committee) to:		
15a. NJ Gubernatorial Candidates/Committees (Schedule D)		
15b. NJ Legislative Candidates/Committees (Schedule D)		
15c. All other Candidates/Committees (Schedule D)		
Expenditures Made on Behalf of:		
16a. NJ Gubernatorial Candidates/Committees (Schedule E)		
16b. NJ Legislative Candidates/Committees (Schedule E)		
16c. All other Candidates/Committees (Schedule E)		
16d. Independent Expenditures (Schedule E)		
17. Loan Payments (Schedule B)		
18. Total Monetary Expenditures (Add lines 14 through 17)		
19. In-kind contributions, \$300 or Less (Table I, Line 11)		
20. In-kind contributions, more than \$300 (Table I, Line 12)		
21. Gross Expenditures (Add lines 18 through 20)		

DEPOSITORY SUMMARY - PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

Committee Name:

BANK ACCOUNT INFORMATION

1. 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

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

 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

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 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

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)		

Contributor Name	Contributor Address (Number and Street)
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Occupation	City, State, Zip Code
------------	-----------------------

Employer Name	Date(s) Received	Amount(s) Received
Employer Address		
City, State, Zip Code		
Receipt Description (If In-Kind)		

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)		

Contributor Name	Contributor Address (Number and Street)
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Occupation	City, State, Zip Code
------------	-----------------------

Employer Name	Date(s) Received	Amount(s) Received
Employer Address		
City, State, Zip Code		
Receipt Description (If In-Kind)		

1. SUBTOTAL (Add all receipts listed on this page.)	
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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.)	
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LOANS RECEIVED		SCHEDULE B	Page No.	of
PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.				
Use a separate "SCHEDULE B" for each separate account.				
Committee Name				
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	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 "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 _____

Account Name _____

Payee Name and Address	Purpose	Amount(s) this Period		Transaction	Check
(Number, Street, City, State and Zip Code)		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

Payee Name and Address	Purpose	Amount(s) this Period		Transaction	Check
(Number, Street, City, State and Zip Code)		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

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				
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

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> </table>	Date Debt Incurred	Debt Description				
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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.)	