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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

DI FACE TYPE OF PRINT					
PLEASE TYPE OR PRINT Committee Name or Approved Acronym					
Address (Number and Street) Check if different	ferent than prev	iously reported			
City, State, Zip Code		E	ELEC Identificat	ion Number	
Committee Type Check if:		F	Report Quarter		
CPC PPC LLC Amend					☐ Jan 15 Year
Do not attempt to complete the "Depositive been completed."	sitory Informa	ation" or the "Ne	et Financial Su	mmary" until t	he appropriate schedules
DEPOSITORY INFORMATION			Co	olumn A	Column B
	From	Through			Calendar
Period Covered			Thi	s Report	Year-to-Date
1. Cash on Hand, January 1,					
2. Cash on Hand, Beginning of Report	ing Period				
3. Monetary Receipts		(+)			
4. Subtotal					
5. Monetary Expenditures		(–)			
6. Cash on Hand, Close of Reporting I	Period				
NET FINANCIAL SUMMARY			'		
7. Cash on Hand, Close of Reporting I	Period				
8. Debt owed to Committee				(+)	
9. Subtotal					
10. Debt Owed by Committee				(–)	
11. Total (Net Worth)					
	TREA	SURER CERTII	FICATION		
I certify that the statements on this docum designated by law. I am aware that if any					
accignated by law ram and a lat ii any		The are minumy to	ioo, i may bo oa	bjoot to parmorm	10110.
DATE PRINT NAM	1E		SI	GNATURE	
ADDRESS			*(/	AREA CODE) DAY TELI	EPHONE NUMBER
			*(#	AREA CODE) EVENING	TELEPHONE NUMBER

Do not attempt to complete Tables I and II until the appropriate sche	dules have been compl	eted.
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		
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 - PLE	ASE TYPE OR PRINT. PHOTOCO	PIES MAY BE USED IF ADDITION	NAL FORMS ARE NEEDED.			
Committee Name:	Committee Name:					
BANK ACCOUNT INFORMATI	ON					
1. Name of Bank		(Area Code) Telephone Num	ıber			
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 tha provided.	n one bank account within the s	came bank, the name(s) of the	additional account(s) must be			
Account Name						
Opening Balance this Period	Deposits this Period	Disbursements this Period	Closing Balance this Period			
2. Name of Bank		(Area Code) Telephone Num	ber			
Mailing Address		<u>'</u>				
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 tha provided.	n one bank account within the s	same bank, the name(s) of the a	additional account(s) must be			
Account Name						
Opening Balance this Period	Deposits this Period	Disbursements this Period	Closing Balance this Period			
OTHER ASSETS						
Other than the bank account(s) I	isted above, does this committee	hold any of the following (please	X):			
☐ Investment Institution Mor	ney Market Account	☐ Bonds				
☐ Certificate of Deposit (C.D.	D.)	☐ Stocks				
☐ Mutual Fund Account		☐ Real Property				
☐ Other (please specify)						
	ove (other than real property), plea e filed as part of the Form R-3. Con					
1. Name of Depository or Issuer		(Area Code) Telephone Num	ıber			
Mailing Address						
City, State, Zip Code						
Account Name						
Type of Asset ☐ Money Market ☐ C.D.	☐ Mutual Fund ☐ Bonds	☐ Stocks ☐ Other (sp	ecify)			
Value of Asset at Purchase if Ap		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.	of
PLEASE TYPE OR PRINT. PHOTOCOPIES MA	Y BE US	ED IF AD	DITIONAL FOR	RMS ARE NEEDED.	
Receipt Type (Use a separate "Schedule A" for eac Currency All other Monetary Contribut Reimbursements/Refunds of Disbursements		□ Ir		ions-Expenditures M	ade by Others
Committee Name					
Account Name					
Contributor Name	Contribu	ıtor Addre	ss (Number and	Street)	
Occupation	City, Sta	ate, Zip Co	de		
Employer Name				Date(s) Received this Period	Amount(s) Received this Period
Employer Address					
City, State, Zip Code					
Receipt Description (If In-Kind)		Aggregat	e Year-to-Date		
Contributor Name	Contribu	ıtor Addre	ss (Number and	Street)	
Occupation	City, Sta	ate, Zip Co	de		
Employer Name				Date(s) Received	Amount(s) Received
Employer Address					
City, State, Zip Code					
Receipt Description (If In-Kind)		Aggregat	e Year-to-Date		
Contributor Name	Contribu	ıtor Addre	ss (Number and	Street)	
Occupation	City, Sta	ate, Zip Co	de		
Employer Name	ļ			Date(s) Received	Amount(s) Received
Employer Address					
City, State, Zip Code					
Receipt Description (If In-Kind)		Aggregat	e Year-to-Date		
Contributor Name	Contribu	itor Addre	ss (Number and	Street)	
Occupation	City, Sta	ate, Zip Co	de		
Employer Name				Date(s) Received	Amount(s) Received
Employer Address					
City, State, Zip Code					
Receipt Description (If In-Kind)		Aggregat	e Year-to-Date		
1. SUBTOTAL (Add all receipts listed on this page.)	- 1: :	da a 1 · · · ·		ind ()	
2. TOTAL RECEIPTS, THIS PERIOD (Complete this Carry forward to applicable line on Page 2, Column A		ne iast pa	ge used for each	receipt type.	

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 (Nu	mber, Stre	eet, City, State and Zip Coo	de)		Ag	gregate Year-to-Date
1. Name and Address of Guaranto	or				Am	nount Outstanding
Occupation	Employe	er Name and Address (N	Number, Street, City, Sta	ate and Zip Code)	Ag	gregate Year-to-Date
2. Name and Address of Guaranto	or				Am	nount Outstanding
Occupation	Employe	er Name and Address (N	Number, Street, City, Sta	ate and Zip Code)	Ag	gregate Year-to-Date
Name and Address of Lender		Original Loan Amount	New Loan this Period	Total Amount of Loan Plus Interes		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 (Nu	mber, Stre	eet, City, State and Zip Coo	de)	1	Ag	gregate Year-to-Date
1. Name and Address of Guaranto	or				Am	nount Outstanding
Occupation	Employe	er Name and Address (N	Number, Street, City, Sta	ate and Zip Code)	Ag	gregate Year-to-Date
2. Name and Address of Guaranto	or				Am	nount Outstanding
Occupation	Employe	er Name and Address (N	Number, Street, City, Sta	ate and Zip Code)	Ag	gregate Year-to-Date
1. TOTAL NEW LOANS, THIS PE Carry forward to Page 2, Line 9, C	,	•	e last page used.			
2. TOTAL AMOUNT OF LOANS PLUS INTEREST, THIS PERIOD						
		·				
3. TOTAL LOAN PAYMENTS, TH Carry forward to Page 2, Line 17,		•	on the last page used			
4. TOTAL OF ALL OUTSTANDIN last page used. Carry back to Page		•	Complete this line on t	he		

ADJUSTMENT SC	HEDULE - REFUND	O OF CONTRIBUTIONS	Page No.	of
		OPIES MAY BE USED IF ADDITIONAL FORMS AF DULE" for each separate account.	RE NEEDED.	
Committee Name				
Account Name				
		N EXCESS OF THE CONTRIBUTION LIMIT IS DOUNT ON THIS ADJUSTMENT SCHEDULE.	EPOSITED, PLE	ASE REPORT
Payment Date	Check No.	Payee Name and Address		Refunded Amount
1. TOTAL REFUND used. Carry forward	O OF CONTRIBUTION to Page 2, Line 4, C	NS, THIS PERIOD (Complete this line on the last page column A.)	je	

ITEMIZED OPERATING DISBURSEMENTS		SCHE	DULE C	Pa	ge No.	of
PLEASE TYPE OR PRINT. PHOTOCOPIES Use a separate "SCHEDULE C" for each sep		DITION	AL FORM	S ARE N	IEEDED.	
Committee Name						
Account Name						
Payee or Creditor Name, Address (Number, Street, State, City, State and Zip Code)	Purpose*		Amount(s Disbursed Period		Transaction Dates	Check No(s)
*Legislative Leadership Committees - See inst	ructions concerning peri	missible	uses of fur	nds.		
1. SUBTOTAL (Add all disbursements listed o						
2. TOTAL DISBURSEMENTS, THIS PERIOD forward to Page 2, Line 14, Column A.)	(Complete this line on the	ne last p	age used.	Carry		

ITEMIZED MONETARY CONTRIBUTIONS MADE TO	CANDIDATES/COMMITTEES	SCHEDU	JLE D Page	No. of
PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE Use a separate "SCHEDULE D" for each separate acc			EEDED.	
☐ New Jersey Gubernatorial Candidates/Committees	☐ New Jersey Le	gislative Ca	ndidates/Cor	nmittees
☐ All Other Candidates/Committees				
Committee Name				
Account Name				
Desired November 1 Address	Florifica But	01		A 1
Recipient Name and Address (Number and Street, City, State, Zip Code)	Election Date District or County or Municipality	No(s)	Date(s)	Amount of each Contribution
1. SUBTOTAL (Add all contributions made to each rec				
2. TOTAL, THIS RECIPIENT TYPE, THIS PERIOD (C each recipient type. Carry forward to Page 2, either Lir				

ITEMIZED EXPENDITURES MADE AND INCURRED ON SCI BEHALF OF CANDIDATES/COMMITTEES		SCHEDULE E	Page I	Page No. of	
PLEASE TYPE OR PRINT. PHOTOCOPIES MAY B Use a separate "SCHEDULE E" for each separate ac				D.	
☐ New Jersey Gubernatorial Candidates/Committee	es 🗆 N	ew Jersey Legisla	ative Candidates	/Committees	
☐ All Other Candidates/Committees	□ Ir	ndependent Expe	enditures		
Committee Name					
Account Name					
Payee Name and Address	Purpose	Amount(s	s) this Period	Transaction	Check
(Number, Street, City, State and Zip Code)		Incurred/Not P	raid Disbursed	Date(s)	No(s)
ALLOCATION OF EXPENDITURES BENEFITING CA	NDIDATE(S)/CC	DMMITTEE(S)	1	1	1
Candidate/Committee Name		Election Date		or County nicipality	Pro-Rated Amount
Payee Name and Address	Purpose	-	s) this Period	Transaction	
(Number, Street, City, State and Zip Code)		Incurred/Not P	aid Disbursed	Date(s)	No(s)
ALLOCATION OF EXPENDITURES BENEFITING CA	NDIDATE(S)/CC	DMMITTEE(S)		I	
Candidate/Committee Name		Election Date		District or County Pro- or Municipality Am	
SUBTOTAL (Add all disbursements made to each re	ecipient type list	ed on this page.)			
2. TOTAL DISBURSEMENTS, THIS PERIOD (Complete each recipient type. Carry forward to Page 2, either Lin Column A.)			for		
3. SUBTOTAL (Add all outstanding obligations incurre	d/not paid, listed	d on this page.)			
4. TOTAL OUTSTANDING OBLIGATIONS INCURRE the last page used. Carry back to Page 10, "Schedule		omplete this line o	n		

DEBTS AND OBLIGATIONS OWED BY COMMI	TTEE	SCHEDULE F	Page No.	of
PLEASE TYPE OR PRINT. PHOTOCOPIES MA		ITIONAL FORMS	ARE NEEDED.	
Use a separate "SCHEDULE F" for each separat Committee Name	e account.			
Account Name				
Creditor Name and Address	Outstanding	Amount	Payments this Period	Outstanding
(Number, Street, City, State, and Zip Code)	Beginning Balance this Period	Incurred this Period	this Period	Balance this Period
Debt Purpose				
Debt Purpose				
Dobt Durnoso				
Debt Purpose				
Debt Purpose				
·				
SUMMARY OF DEBTS AND OBLIGATIONS				
1. TOTAL OUTSTANDING LOANS PLUS INTER LINE 4	REST FROM SCHE	OULE B, PAGE 5,		
2. TOTAL OUTSTANDING OBLIGATIONS INCU CANDIDATES/COMMITTEES FROM SCHEDUL				
3. TOTAL OUTSTANDING OBLIGATIONS, SCH (Complete this line on the last page used.)	EDULE F			
4. TOTAL OUTSTANDING DEBTS/OBLIGATION (Add lines 1, 2 and 3. Carry forward to front page		MITTEE		

DEBTS AND OBLIGATIONS OWED TO COMMITTEE (Accounts Receivable)			SCHEDULE G	Page No.	of
PLEASE TYPE OR	PRINT. PHOTOCOPIES MA		DITIONAL FORM	S ARE NEEDED.	
<u> </u>	HEDULE G" for each separat	e account.			
Committee Name					
Account Name					
Debtor Name and Ad		Balance Due	New Amount	Total Amount	Balance Due
(Number, Street, City	, State, and Zip Code)	at beginning of this Period	this Period	Received this Period	at Close of this Period
	T	-			
Date Debt Incurred	Debt Description				
	l				
Date Debt Incurred	Debt Description				
Date Debt Incurred	Debt Description	-			
	, , , , , , , , , , , , , , , , , , , ,				
Date Debt Incurred	Debt Description	_			
Date Debt meaned	Debt Description				
Data Daht In	Dobt Description	-			
Date Debt Incurred	Debt Description				
SUMMARY OF DEB	TS AND OBLIGATIONS				
1. SUBTOTAL (Add	all debts and obligations ow	ed to committee lis	sted on this page.)		
2 TOTAL DEDTS A	ND ORLIGATIONS OWED T	O COMMITTEE			
2. TOTAL DEBTS AND OBLIGATIONS OWED TO COMMITTEE (Complete this line on the last page used. Carry forward to front page, Line 8.)					