RECEIPTS AND EXPENDITURES QUARTERLY REPORT	FOR STATE	HSF ONLV
NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION P O Box 185, Trenton, NJ 08625-0185	FORSIALE	USE UNLI
(609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532)	5	
Web site http://www.elec.state.nj.us/ COMMITTEE NAME OR APPROVED ACRONYM	* *_	FCEIVED
0 -	7001 7	10+
Bergen County young Democrats	ረሀሀይ {	DCT 16 P 2 51
ADDRESS (number and street) CHECK IF DIFFERENT THAN PREVIOUSLY REPORTED		
14 Brinkerhoff Ave	<u> </u>	J ELECTION ENFORCEMENT
CITY, STATE and ZIP CODE	ELEC IDENTIFICATION	SION SION
Teaneck NJ 07666	5020000	0211
COMMITTEE TYPE CHECK IF	REPORT QUARTER	
CPC PPC LLC AMENDMENT	APR JUL	OCT JAN
FIRST REPORT FILED	YEAR 2006	15 15
Do not attempt to complete the "Depository Information" or the "Net Financial Summary	" until the appropriate sched	lules have been completed
DEPOSITORY INFORMATION	COLUMN A	COLUMN B
PERIOD COVERED PERIOD COVERED PROM THROUGH April 1 2005 June 30 200	THIS REPORT	CALENDAR YEAR-TO-DATE
1. CASH ON HAND, JANUARY 1, 2006		2760528
2. CASH ON HAND, BEGINNING OF REPORTING PERIOD	29655 28	
3. MONETARY RECEIPTS (+)	10,000	38 500
4. SUBTOTAL	39,655.28	66105.28
5. MONETARY EXPENDITURES (-)	35,239	61689
6. CASH ON HAND, CLOSE OF REPORTING PERIOD	4416.28	4416.28
NET FINANCIAL SUMMARY	·	
7. CASH ON HAND, CLOSE OF REPORTING PERIOD		4416 28
8. DEBT OWED TO COMMITTEE	(+)	-
9. SUBTOTAL		44 16 28
10. DEBT OWED BY COMMITTEE	(-)	5000
11. TOTAL (Net Worth)		(583 72)
TOPE A CAMPANIC OT DETECT A TROOP	·	
TREASURER'S CERTIFICATION		
I certify that the statements on this document are true, and that the contr		
limitations designated by law. I am aware that if any of the statements are	ė willfully faise, i may be	subject to punishment.
1-1-1-		
DATE PRINT NAME	GIONATIO	P
PRINT NAME	SIGNATUR	112 -
19 Brink Chart Hue 20	003-2649	
ADDRESS	-(AKEA CODE) DAY TEI	PELHONE NOWREK
DATE PRINT NAME 14 Brinkerhoff Ave 20 ADDRESS Towneck NJ 07666 20	71 357 - 546	?
	*(AREA CODE) EVENING T	FELEPHONE NUMBER

Do not attempt to complete Tables I and II until the appropriate schedules have been completed.

Ĺ,	TABLE I RECEIPTS	COLUMN A	COLUMN B
	MONETARY RECEIPTS	THIS REPORT	CALENDAR YEAR-TO-DATE
1	CONTRIBUTIONS, \$300 OR LESS	-	100
2	CONTRIBUTIONS, MORE THAN \$300	5000	33400
2a.	CURRENCY CONTRIBUTIONS	_	-
3.	TOTAL (Add lines 1, 2 and 2a)	5000	33500
4	REFUND OF EXCESSIVE CONTRIBUTIONS (ADJUSTMENT SCHEDULE) (-)	_	-
5	SUBTOTAL (Subtract line 4 from line 3)	5000	<i>33500</i>
	OTHER RECEIPTS		
6	REIMBURSEMENTS/REFUNDS		
7	DIVIDENDS/INTEREST		
8	LOANS RECEIVED BY COMMITTEE, \$300 OR LESS	500	-
9	LOANS RECEIVED BY COMMITTEE MORE THAN \$300 AND ALL CURRENCY LOANS	5000	
10	TOTAL MONETARY RECEIPTS (Add lines 5 through 9)	10000	38 <i>500</i>
11	IN-KIND CONTRIBUTIONS, \$300 OR LESS	_	-
12	IN-KIND CONTRIBUTIONS, MORE THAN \$300	-	-
13.	GROSS RECEIPTS (Add lines 10, 11 and 12)	10 000	38 <i>500</i>
	TABLE II EXPENDITURES		
14	OPERATING DISBURSEMENTS	623.95	673 95
	CONTRIBUTIONS (FROM THIS COMMITTEE) TO-		
15a.	NJ GUBERNATORIAL CANDIDATES/COMMITTEES	-	
15b	NJ LEGISLATIVE CANDIDATES/COMMITTEES	-	
15c.	ALL OTHER CANDIDATES/COMMITTEES	35,239	61639
	EXPENDITURES MADE ON BEHALF OF		
16a.	NJ GUBERNATORIAL CANDIDATES/COMMITTEES	_	
16b	NJ LEGISLATIVE CANDIDATES/COMMITTEES	_	
16c	ALL OTHER CANDIDATES/COMMITTEES		
17	LOAN PAYMENTS		
18.	TOTAL MONETARY EXPENDITURES (Add lines 14 through 17)	35, 239	61639
19	IN-KIND CONTRIBUTIONS, \$300 OR LESS	-	
20	IN-KIND CONTRIBUTIONS, MORE THAN \$300	-	
21.	GROSS EXPENDITURES (Add lines 18 through 20)	35,239	61639
	Sen Electron I av Enforcement Communica		POPM P 3

, ,	DEPOSITO	R	Y SUMI	MARY		
PLEASE TYPE OR PRINT. PHOTOCO	PIES MAY BE USED IF ADDITIO	NAI	L FORMS A	RE NEEDED.		
COMMITTEE NAME:						
	BANK ACCOU	INT	INFORM.			
1 NAME OF BANK				(AREA CODE) TELEPHONE NUM 30) 973 42		
MAILING ADDRESS			ŀ	0011111 72	3-0011	
I NAME OF BANK Commerce Bank MAILING ADDRESS GIT Lafayette Address CITY, STATE, ZIP CODE Hawthana No	v en					
Hauthana NJ	07506					
Bersen County you	<i>n</i> ,			ACCOUNT NUMBER		
OPPUING ON ANCH THE PERIOD	DEPOSIT THE REPUR			URSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD	
OFERING BALANCE THIS FERIOD	DEPOSITS THIS FERIOD		DISBC	DRSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD	
If the committee has more tha		n tl	he same b	oank, the name(s) an	d account number(s)	
of the additional account(s) m	ust be provided.			1 OCOLDET NUMBER		
ACCOUNT NAME				ACCOUNT NUMBER		
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD		DISBU	RSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD	
2 NAME OF BANK		1		(AREA CODE) TELEPHONE NUM	IBER	
MAILING ADDRESS			!			
CITY, STATE, ZIP CODE						
ACCOUNT NAME				ACCOUNT NUMBER		
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD		DISBUI	RSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD	
If the committee has more that of the additional account(s) m		n ti			d account number(s)	
ACCOUNT NAME				ACCOUNT NUMBER		
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD		DISBUI	RSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD	
	ОТНЕ	R A	SSETS		1	
Other than the bank account(old any of the follow	ng (please X):	
I					 (F).	
Investment Instit	ution Money Market Acco	unt	ŧ	Bonds		
Certificate of De	posit (C.D.)			Stocks		
Mutual Fund Ac	count			Real Prope	rty	
Other (please sp	ecify)					
For each item checked ("X") above (Property Schedule must be filed as p						
1 NAME OF DEPOSITORY OR ISSUER				(AREA CODE) TELEPHONE NUI	MBER	
MAILING ADDRESS					** *	
CITY STATE, ZIP CODE						
ACCOUNT NAME	ACCOUNT NAME ACCOUNT NUMBER					
TYPE OF ASSET						
MONEY MARKET CD						
VALUE OF ASSET AT PURCHASE IF APPLIC	CABLE.	DAT	TE OF MATURI	ITY IF APPLICABLE	 _	
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD		DI\$BU	RSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD	

ITEMIZED RECEIPTS (Other than	ı Loans)			LE A Page No	of
PLEASE TYPE OR PRINT PHOTOCOPIES MAY	BE USED IF	ADDITION	IAL FORM	IS ARE NEEDEL	
RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FO CURRENCY ALL OTHER MONETARY CONTRIBUTIONS	IN-KIND CONTRI		S REI	MBURSEMENTS/ TUNDS OF DISBURSEMENT	DIVIDENDS/ INTEREST
COMMITTEE NAME					
ACCOUNT NAME and NUMBER					
CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR	ADDRESS (NU	MBER AND STREET)	
David Sanvel		996	Unk	ler Rd	
OCCUPATION	STATE USE ONLY	(CITY STATE A	ND ZIP CODE)	_	
		Sayre	ville	NJ 0	8872 <u> </u>
EMPLOYER NAME		•		DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)					
(CITY STATE AND ZIP CODE)				1	
RECEIPT DESCRIPTION (If In-kind)	•	AGGREGATE Y	EAR-TO-DATE	7	
		1		5/5/06	\$5000
		I			
CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR	ADDRESS (NU	MBER AND STREET)	
OCCUPATION	STATE USE ONLY	(CITY STATE A	AND ZIP CODE)		
EMPLOYER NAME	,1	<u> </u>		DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)				1	
(CITY STATE AND ZIP CODE)				1	
RECEIPT DESCRIPTION (If in-kind)		AGGREGATE Y	EAR-TO-DATE	7	
CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTO	R ADDRESS (NU	MBER AND STREET)	
		l			
OCCUPATION	STATE USE ONLY	(CITY STATE	AND ZIP CODE)		
EMPLOYER NAME				DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)				1	
(CITY STATE AND ZIP CODE)			- ··	1	
RECEIPT DESCRIPTION (If In-kind))		AGGREGATE Y	EAR-TO-DATE	1	
				<u> </u>	<u> </u>
CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR	ADDRESS (NU	MBER AND STREET)	
OCCUPATION	STATE USE ONLY	(CITY STATE	AND ZIP CODE)	· · · · · · · · · · · · · · · · · · ·	<u> </u>
	<u>L</u>				
EMPLOYER NAME				DATF(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)				1	
(CITY STATE AND ZIP CODE)				1	
RECEIPT DESCRIPTION (If In-kind)		AGGREGATE Y	EAR-TO-DATE		
1. SUBTOTAL (Add all receipts listed on this j	page.)	<u> </u>	•	1	
2. TOTAL RECEIPTS, THIS PERIOD (Compleach receipt type. Carry forward to applica		the last p	age used f	or	
each receipt type. Carry forward to applicate	ble line on Pa	ge 2, Colur	nn A.)		

			SCHEDULE B	Page No. of
PLEASE TYPE OR PRINT PHOTOCOPIE USE A SEPARATE "SCHEDULE B" FOR EACH SEPARATE ACCOR	S MAY BE USED	IF ADDITIONAL F	ORMS ARE NEEDI	ED.
COMMITTEE NAME.				
ACCOUNT NAME and NUMBER				
NAME AND ADDRESS OF LENDER Bergen County democrat are	ORIGINAL LOAN AMOUNT	NEW LOANS THIS PERIOD	TOTAL AMOUNT OF LOAN PLUS INTEREST	OUTSTANDING BALANCE THIS PERIOD
Bergen County democrat org 50 main St Hackensack NOT 07601	_	\$5000	\$5000	\$5000
Hackensack NO 07601	PAYMENTS THIS PERIOD	CHECK NO(S)	DATE(S)	
OCCUPATION	TERMS	DATE INCURRED	DATE DUE	ANNUAL INTEREST RATE
EMPLOYER NAME AND ADDRESS (NUMBER, STREET CITY, STA	TE AND ZIP CODE)			AGGREGATE YEAR-TO-DATE
Jackie Grello 50 M	lain St Ha	ckensack N	T OTEGI	5000
1) NAME AND ADDRESS OF GUARANTOR	47.777 774	CLEPTISHER TO		AMOUNT OUTSTANDING
				5000
OCCUPATION	EMPLOYER NAME AND AD	DRESS (NUMBER, STREET CI	TY STATE AND ZIP CODE)	AGGREGATE YEAR-TO-DATE
2) NAME AND ADDRESS OF GUARANTOR				AMOUNT OUTSTANDING
OCCUPATION	EMPLOYER NAME AND ADI	DRESS (NUMBER, STREET, CIT	Y STATE AND ZIP CODE)	AGGREGATE YEAR-TO-DATE
NAME AND ADDRESS OF LENDER	ORIGINAL LOAN	NEW LOANS	TOTAL AMOUNT OF	OUTSTANDING BALANCE
	AMOUNT	THIS PERIOD	LOAN PLUS INTEREST	THIS PERIOD
	PAYMENTS THIS PERIOD	AMOUNT	CHECK NO(S)	DATE(S)
OCCUPATION		DATE INCURRED	DATE DUE	ANNUAL INTEREST RATE
	TERMS			
EMPLOYER NAME AND ADDRESS (NUMBER, STREET CITY STATE		· · · · · · · · · · · · · · · · · · ·	<u>. </u>	AGGREGATE YEAR-TO-DATE
		*		
EMPLOYER NAME AND ADDRESS (NUMBER, STREET CITY STATE) NAME AND ADDRESS OF GUARANTOR		*************************************		AGGREGATE YEAR-TO-DATE AMOUNT OUTSTANDING
	TE AND ZIP CODE)	DRESS (NUMBER, STREET, CIT	TY STATE AND ZIP CODE)	
I) NAME AND ADDRESS OF GUARANTOR	TE AND ZIP CODE)	DRESS (NUMBER, STREET, CIT	TY STATE AND ZIP CODE)	AMOUNT OUTSTANDING
I) NAME AND ADDRESS OF GUARANTOR	TE AND ZIP CODE)	DRESS (NUMBER, STREET, CH	TY STATE AND ZIP CODE)	AMOUNT OUTSTANDING
I) NAME AND ADDRESS OF GUARANTOR OCCUPATION	TE AND ZIP CODE)	DRESS (NUMBER, STREET, CIT	TY STATE AND ZIP CODE)	AMOUNT OUTSTANDING AGGREGATE YEAR-TO-DATE
I) NAME AND ADDRESS OF GUARANTOR OCCUPATION	TE AND ZIP CODE) EMPLOYER NAME AND ADI	DRESS (NUMBER, STREET, CIT DRESS (NUMBER, STREET, CI		AMOUNT OUTSTANDING AGGREGATE YEAR-TO-DATE
I) NAME AND ADDRESS OF GUARANTOR OCCUPATION 2) NAME AND ADDRESS OF GUARANTOR	TE AND ZIP CODE) EMPLOYER NAME AND ADI			AMOUNT OUTSTANDING AGGREGATE YEAR-TO-DATE AMOUNT OUTSTANDING
1) NAME AND ADDRESS OF GUARANTOR OCCUPATION 2) NAME AND ADDRESS OF GUARANTOR OCCUPATION 1 TOTAL NEW LOANS, THIS PERIOL	EMPLOYER NAME AND ADD EMPLOYER NAME AND ADD (Complete this li	DRESS (NUMBER, STREET, C	TY STATE AND ZIP CODE)	AMOUNT OUTSTANDING AGGREGATE YEAR-TO-DATE AMOUNT OUTSTANDING AGGREGATE YEAR-TO DATE
1) NAME AND ADDRESS OF GUARANTOR OCCUPATION 2) NAME AND ADDRESS OF GUARANTOR OCCUPATION 1 TOTAL NEW LOANS, THIS PERIOL Carry forward to Page 2, Line 9, Columbia	EMPLOYER NAME AND ADD EMPLOYER NAME AND ADD O (Complete this limn A)	odress (NUMBER, STREET, CI	TY STATE AND ZIP CODE)	AMOUNT OUTSTANDING AGGREGATE YEAR-TO-DATE AMOUNT OUTSTANDING AGGREGATE YEAR-TO DATE
1) NAME AND ADDRESS OF GUARANTOR OCCUPATION 2) NAME AND ADDRESS OF GUARANTOR OCCUPATION I TOTAL NEW LOANS, THIS PERIOL Carry forward to Page 2, Line 9, Colu	EMPLOYER NAME AND ADD EMPLOYER NAME AND ADD (Complete this litter A) TEREST, THIS PE	oness (NUMBER, STREET, CI	TV STATE AND ZIP CODE) USed	AMOUNT OUTSTANDING AGGREGATE YEAR-TO-DATE AMOUNT OUTSTANDING AGGREGATE YEAR-TO DATE \$5000
1) NAME AND ADDRESS OF GUARANTOR OCCUPATION 2) NAME AND ADDRESS OF GUARANTOR OCCUPATION 1 TOTAL NEW LOANS, THIS PERIOL Carry forward to Page 2, Line 9, Columbia	EMPLOYER NAME AND ADD (Complete this limm A) TEREST, THIS PE	ne on the last page	TY STATE AND ZIP CODE) used page used.	AMOUNT OUTSTANDING AGGREGATE YEAR-TO-DATE AMOUNT OUTSTANDING AGGREGATE YEAR-TO DATE

ADJUSTMI	ENT SCHED	ULE			
REFUND OF	EXCESSIVE (CONTRIBUTIONS	Page No. of		
		FOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE N	EEDED		
COMMITTEE NA					
ACCOUNT NAM	IE and NUMBER				
	LIMIT IS	ARY CONTRIBUTION IN EXCESS OF THE CONTR DEPOSITED, PLEASE REPORT THE REFUND OF ESS AMOUNT ON THIS ADJUSTMENT SCHEDULI	THE		
PAYMENT DATE	1 1				
			· · · · · · · · · · · · · · · · · · ·		
1. TOTAL REF	UND OF EXCES	SIVE 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 of							
PLEASE TYPE OR PRINT PHOTOCOPIES A USE A SEPARATE "SCHEDULE C" FOR EACH SEPARATE ACCOUNT	MAY BE USED IF ADDITION	ONAL FORMS ARE NE	EDED				
COMMITTEE NAME:							
ACCOUNT NAME and NUMBER							
PAYEE OR CREDITOR NAME,		AMOUNT(S)	TRANS-				
ADDRESS (Number and Street,	PURPOSE*	DISBURSED	ACTION	CHECK			
City, State, Zip Code)		THIS PERIOD	DATE(S)	NO(S)			
* Legislative Leadership Committ	ees - See Instructions con	cerning permissible u	ses of funds				
Edgar Freeman	Supplies	\$25 00	5/5/06	1064			
14 Brinkerhoff Ava	- 97 11 63						
Tenneck NJ 07666			<u> </u>				
Lauren Zyriek	Postage	\$63,95	5/10/06	106/			
Hackensack alliance for prevention	donation	\$500	510106	1063			
of Alcholl Drug abuse 65 control Aug Idacliconspels NJ 07601		V - V	2.000				
Commerce Bank	Bank Pee	\$35 00	5/22/06				
411 Lafayette Ace		7 3 2					
4nuthorne NJOT							
		į		İ			
				İ			
	<u> </u>			+			
				İ			
			1	1			
			l				
			<u> </u>				
1 SUBTOTAL (Add all disbursements liste	ed on this page)	623 95 ne 623 95					
2 TOTAL DISBURSEMENTS, THIS PERIC last page used Carry forward to Page 2,		623 95					

TO CANDIDATES AND COMMITTEES			E D	Page	No of	
PLEASE TYPE OR PRINT PHOTOCOPIES MAY USE A SEPARATE "SCHEDULE D" FOR EACH SEPARATE ACCOUNT AND EA	BE USED IF ADDITIONA	AL FORMS	ARE N	IEEDE	D	
NEW JERSEY GUBERNATORIAL CANDIDATES/COMMITTEES NEW JERSEY LEGISLATIVE CANDIDATES/COMMITTEES					R CANDIDATES/COMMITTEES	
COMMITTEE NAME ⁻						
ACCOUNT NAME and NUMBER						
	ELECTION DATE	CHECK			AMOUNT	
RECIPIENT NAME, ADDRESS	DISTRICT OR COUNTY				OF EACH	
(Number and Street, City, State, Zip Code)	OR MUNICIPALITY	NO(S)	DATE	(S)	CONTRIBUTION	
Bergen County Pencaratic org 50 Main St	Bergen Co				,	
Hackensack NJ 07601		1062	5/5	106	927,000	
Hackensack NJ 07601 Charles gonzalez 94 E Maple St	Teaner				\$27,000 8 239	
Tegneck NJ 07666		1067	6/1/	06	8 239	
,						
1 SUBTOTAL (Add all contributions made to					35 239	
2. TOTAL, THIS RECIPIENT TYPE, THIS PER			oage			
used for each recipient type Carry forward to Page 2, either Line 15a, Line 15b, or Line 15c, Column A)					35 239	

ITEMIZED EXPENDITURES					
ON BEHALF OF CANDIDAT			SCHEDULE E		of
PLEASE TYPE OR PRINT. PHOTOCOPI USE A SEPARATE "SCHEDULE E" FOR EACH SEPARATE ACCOL			RMS ARE NEE	DED.	
NEW JERSEY GUBERNATORIAL CANDIDATES/COMMITTEES	NEW JERSEY LEGISLATI CANDIDATES/COMMITTE		ALL OTHER	CANDIDATES/COMM	IITTEES
COMMITTEE NAME:					
ACCOUNT NAME and NUMBER:					
PAYEE NAME, ADDRESS	PURPOSE				
(Number, Street, City, State and Zip Code)		INCURRED/NOT PAID	DISBURSED	DATE(S)	NO(S)
				1	
		1	1		
ALLOCATION OF TAXABLE		IDID A TEKNIKON	A UTTEROOO	<u> </u>	
ALLOCATION OF EXPENDITU CANDIDATE/COMMITTEE N		ELECTION	DISTRICT OR	COLINTY	PRO-RATED
CANDIDATE/COMMITTEE N	AML	DATE	OR MUNICI		AMOUNT
<u> </u>		 			
				1	
		1			
		1		l	
	 		•		
DAVIES NAME ADDRESS	T PURPORE	I ANGUNITON	ETHO DEDICE	I TO AND A OTH	an lancor
PAYEE NAME, ADDRESS (Number, Street, City, State and Zip Code)	PURPOSE	AMOUNT(S) TINCURRED/NOT PAID	DISBURSED	TRANSACTION DATE(S)	ON CHECK NO(S)
ALLOCATION OF EXPENDITU	RES BENEFITING CAI	NDIDATE(S)/COI	MMITTEES(S)	<u>.l.</u>	<u> </u>
CANDIDATE/COMMITTEE N		ELECTION	DISTRICT OR	T .	PRO-RATED
		DATE	OR MUNICIPALITY AMOU		AMOUNT
		ļ			
		1		i	
			T		
1. SUBTOTAL (Add all disbursements n	nade to each recipient	type			'
listed on this page.)			_		
2. TOTAL DISBURSEMENTS, THIS PER	· -				
page used for each recipient type. Ca	•	, enner			
Line 16a, Line 16b, or Line 16c, Colur 3. SUBTOTAL (Add all outstanding obli		1	1	.	
not paid, listed on this page.)	igations inculive.				
4. TOTAL OUTSTANDING OBLIGATI	ONS INCURRED/	1			
NOT PAID (Complete this line on the las					
Carry back to Page 10, "Schedule F,				-	

DEBIS-AND OBLIGATIONS O			SCHEDULE F	PAGE No of
PLEASE TYPE OR PRINT. PHOTOCOPIES USE A SEPARATE "SCHEDULE F" FOR EACH SEPARATE ACCOUNT	MAY BE USED IF A	ADDITIONAL FOR	MS ARE NEEDED	•
COMMITTEE NAME				
ACCOUNT NAME and NUMBER				
CREDITOR NAME AND ADDRESS	OUTSTANDING BEGINNING BAL-	AMOUNT INCURRED	PAYMENTS	OUTSTANDING BALANCE
(Number, Street, City, State and Zip Code)	ANCE THIS PERIOD	THIS PERIOD	THIS PERIOD	THIS PERIOD
DEBT PURPOSE				
SUMMARY OF DEBTS AND OBLIGATIONS	•			
1 TOTAL OUTSTANDING LOANS PLUS		СПЕВНИЕВ В	SP 5 I DAID A	
2. TOTAL OUTSTANDING COARS PLUS 2. TOTAL OUTSTANDING OBLIGATIONS				
CANDIDATES/COMMITTEES FROM S				
3 TOTAL OUTSTANDING OBLIGATION	S, SCHEDULE F			
(Complete this line on the last page u		U 003 4 475	***	
4 TOTAL OUTSTANDING DEBTS/OBLIC 1, 2 and 3. Carry forward to front page	GATIONS OWED BY e. Line 10)	Y COMMITTEE (A	dd lines	

DEBTS AND OBLIGATIONS OV								
(Accounts Receivable)		SCHEDULE G	Page No of					
PLEASE TYPE OR PRINT PHOTOCOPIES USE A SEPARATE "SCHEDULE G" FOR EACH SEPARATE ACCOUNT	MAY BE USED IF	ADDITIONAL FOR	MS ARE NEEDE	D.				
COMMITTEE NAME:	•							
ACCOUNT NAME and NUMBER	ACCOUNT NAME and NUMBER							
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								
DATE DEBT INCURRED DEBT DESCRIPTION								
DATE DEBT INCURRED DEBT DESCRIPTION								
DATE DEBT INCURRED DEBT DESCRIPTION								
1. SUBTOTAL (Add all debts and obligation	ons owed to comm	ittee listed on this	page)					
2. TOTAL DEBTS AND OBLIGATIONS OV		TEE (Complete this	line on the					
last page used. Carry forward to front page	age, Line 8)			- 1				