

**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)  
 Web site: <http://www.elec.state.nj.us/>

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RECEIVED

2006 OCT 16 P 2 51

N J ELECTION  
 LAW ENFORCEMENT  
 COMMISSION

COMMITTEE NAME OR APPROVED ACRONYM

Bergen County Young Democrats

ADDRESS (number and street)  CHECK IF DIFFERENT THAN PREVIOUSLY REPORTED

14 Brinkerhoff Ave.

CITY, STATE and ZIP CODE

Teaneck NJ 07666

ELEC IDENTIFICATION NUMBER

50200000211

COMMITTEE TYPE

CPC  PPC  LLC

CHECK IF

AMENDMENT

FIRST REPORT FILED

REPORT QUARTER

APR 15  JUL 15  OCT 15  JAN 15

YEAR 2006

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

DEPOSITORY INFORMATION		COLUMN A	COLUMN B
PERIOD COVERED	FROM	THIS REPORT	CALENDAR YEAR-TO-DATE
	<u>April 1 2006</u>		
	<u>June 30 2006</u>		
1. CASH ON HAND, JANUARY 1, <u>2006</u>			<u>27605.28</u>
2. CASH ON HAND, BEGINNING OF REPORTING PERIOD		<u>29655.28</u>	
3. MONETARY RECEIPTS (+)		<u>10,000</u>	<u>38500</u>
4. SUBTOTAL		<u>39,655.28</u>	<u>66105.28</u>
5. MONETARY EXPENDITURES (-)		<u>35,239</u>	<u>61689</u>
6. CASH ON HAND, CLOSE OF REPORTING PERIOD		<u>4416.28</u>	<u>4416.28</u>

NET FINANCIAL SUMMARY		
7. CASH ON HAND, CLOSE OF REPORTING PERIOD		<u>4416.28</u>
8. DEBT OWED TO COMMITTEE (+)		<u>-</u>
9. SUBTOTAL		<u>4416.28</u>
10. DEBT OWED BY COMMITTEE (-)		<u>5000</u>
11. TOTAL (Net Worth)		<u>(583.72)</u>

**TREASURER'S 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.

10/16/06 Edgar Freeman

DATE

PRINT NAME

[Signature]

SIGNATURE

14 Brinkerhoff Ave

ADDRESS

201 803-2649

\*(AREA CODE) DAY TELEPHONE NUMBER

Teaneck NJ 07666

201 357-5463

\*(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	-	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	33500
	OTHER RECEIPTS		
6	REIMBURSEMENTS/REFUNDS	-	-
7	DIVIDENDS/INTEREST	-	-
8	LOANS RECEIVED BY COMMITTEE, \$300 OR LESS	5000	-
9	LOANS RECEIVED BY COMMITTEE MORE THAN \$300 AND ALL CURRENCY LOANS	5000	-
10	TOTAL MONETARY RECEIPTS (Add lines 5 through 9)	10000	38500
11	IN-KIND CONTRIBUTIONS, \$300 OR LESS	-	-
12	IN-KIND CONTRIBUTIONS, MORE THAN \$300	-	-
13.	GROSS RECEIPTS (Add lines 10, 11 and 12)	10000	38500
	TABLE II EXPENDITURES		
14	OPERATING DISBURSEMENTS	623.95	67395
	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

## DEPOSITORY SUMMARY

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

COMMITTEE NAME:

### BANK ACCOUNT INFORMATION

1 NAME OF BANK <i>Commerce Bank</i>		(AREA CODE) TELEPHONE NUMBER <i>(800) 973 423-0011</i>	
MAILING ADDRESS <i>617 Lafayette Ave</i>			
CITY, STATE, ZIP CODE <i>Hawthorne NJ 07506</i>			
ACCOUNT NAME <i>Bergen County Young Democrats</i>		ACCOUNT NUMBER <i>037147552</i>	
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) and account number(s) of the additional account(s) must be provided.

ACCOUNT NAME		ACCOUNT NUMBER	
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		ACCOUNT NUMBER	
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) and account number(s) of the additional account(s) must be provided.

ACCOUNT NAME		ACCOUNT NUMBER	
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		ACCOUNT NUMBER	
<b>TYPE OF ASSET</b> <input type="checkbox"/> MONEY MARKET <input type="checkbox"/> C D <input type="checkbox"/> MUTUAL FUND <input type="checkbox"/> BONDS <input type="checkbox"/> STOCKS <input type="checkbox"/> 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

**ITEMIZED RECEIPTS (Other than Loans)** | **SCHEDULE A** | Page No. of

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)

CURRENCY   
  ALL OTHER MONETARY CONTRIBUTIONS   
  IN-KIND CONTRIBUTIONS- EXPENDITURES MADE BY OTHERS   
  REIMBURSEMENTS/ REFUNDS OF DISBURSEMENTS   
  DIVIDENDS/ INTEREST

COMMITTEE NAME

ACCOUNT NAME and NUMBER

CONTRIBUTOR NAME <i>David Samuel</i>		STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <i>99 Winkler Rd</i>	
OCCUPATION		STATE USE ONLY	(CITY STATE AND ZIP CODE) <i>Sayreville NJ 08872</i>	
EMPLOYER NAME			DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)				
(CITY STATE AND ZIP CODE)				
RECEIPT DESCRIPTION (if in-kind)		AGGREGATE YEAR-TO-DATE		
				<i>5/5/06 \$5000</i>

CONTRIBUTOR NAME		STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)	
OCCUPATION		STATE USE ONLY	(CITY STATE AND ZIP CODE)	
EMPLOYER NAME			DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)				
(CITY STATE AND ZIP CODE)				
RECEIPT DESCRIPTION (if in-kind)		AGGREGATE YEAR-TO-DATE		

CONTRIBUTOR NAME		STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)	
OCCUPATION		STATE USE ONLY	(CITY STATE AND ZIP CODE)	
EMPLOYER NAME			DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)				
(CITY STATE AND ZIP CODE)				
RECEIPT DESCRIPTION (if in-kind)		AGGREGATE YEAR-TO-DATE		

CONTRIBUTOR NAME		STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)	
OCCUPATION		STATE USE ONLY	(CITY STATE AND ZIP CODE)	
EMPLOYER NAME			DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)				
(CITY STATE AND 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.)**

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 and NUMBER

NAME AND ADDRESS OF LENDER <i>Bergen County democrat org                  50 main St                  Hackensack NJ 07601</i>	ORIGINAL LOAN AMOUNT —	NEW LOANS THIS PERIOD \$5000	TOTAL AMOUNT OF LOAN PLUS INTEREST \$5000	OUTSTANDING BALANCE THIS PERIOD \$5000
PAYMENTS THIS PERIOD                      AMOUNT                      CHECK NO(S)                      DATE(S)				

OCCUPATION	TERMS	DATE INCURRED	DATE DUE	ANNUAL INTEREST RATE
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EMPLOYER NAME AND ADDRESS (NUMBER, STREET CITY, STATE AND ZIP CODE) <i>Jackie Grello 50 Main St Hackensack NJ 07601</i>	AGGREGATE YEAR-TO-DATE <i>5000</i>
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1) NAME AND ADDRESS OF GUARANTOR	AMOUNT OUTSTANDING <i>5000</i>
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OCCUPATION	EMPLOYER NAME AND ADDRESS (NUMBER, STREET CITY STATE AND ZIP CODE)	AGGREGATE YEAR-TO-DATE
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2) NAME AND ADDRESS OF GUARANTOR	AMOUNT OUTSTANDING
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OCCUPATION	EMPLOYER NAME AND ADDRESS (NUMBER, STREET, CITY STATE AND ZIP CODE)	AGGREGATE YEAR-TO-DATE
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NAME AND ADDRESS OF LENDER	ORIGINAL LOAN AMOUNT	NEW LOANS 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
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EMPLOYER NAME AND ADDRESS (NUMBER, STREET CITY STATE AND ZIP CODE)	AGGREGATE YEAR-TO-DATE
--	------------------------

1) NAME AND ADDRESS OF GUARANTOR	AMOUNT OUTSTANDING
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OCCUPATION	EMPLOYER NAME AND ADDRESS (NUMBER, STREET, CITY STATE AND ZIP CODE)	AGGREGATE YEAR-TO-DATE
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2) NAME AND ADDRESS OF GUARANTOR	AMOUNT OUTSTANDING
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OCCUPATION	EMPLOYER NAME AND ADDRESS (NUMBER, STREET, CITY STATE AND ZIP CODE)	AGGREGATE YEAR-TO DATE
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1 TOTAL NEW LOANS, THIS PERIOD (Complete this line on the last page used Carry forward to Page 2, Line 9, Column A )	<i>\$5000</i>
2 TOTAL AMOUNT OF LOANS PLUS INTEREST, THIS PERIOD	<i>\$5000</i>
3 TOTAL LOAN PAYMENTS, THIS PERIOD (Complete this line on the last page used. Carry forward to Page 2, Line 17, Column A )	<i>\$5000</i>
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.)	<i>\$5000</i>



PLEASE TYPE OR PRINT PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED  
 USE A SEPARATE "SCHEDULE C" FOR EACH SEPARATE ACCOUNT

COMMITTEE NAME:

ACCOUNT NAME and NUMBER

PAYEE OR CREDITOR NAME, ADDRESS (Number and Street, City, State, Zip Code)	PURPOSE*	AMOUNT(S) DISBURSED THIS PERIOD	TRANS- ACTION DATE(S)	CHECK NO(S)
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\* Legislative Leadership Committees - See Instructions concerning permissible uses of funds

Edgar Freeman 14 Brinkerhoff Ave Teaneck NJ 07666	Supplies	\$25 00	5/5/06	1064
Lauren Zyriek	Postage	\$63.95	5/10/06	1061
Hackensack Alliance for prevention of Alcohol & Drug Abuse 65 Central Ave Hackensack NJ 07601	donation	\$500	5/10/06	1063
Commerce Bank 411 Lafayette Ave Hawthorne NJ 07	Bank Fee	\$35 00	5/22/06	

1 SUBTOTAL (Add all disbursements listed on this page )	623 95	
2 TOTAL DISBURSEMENTS, THIS PERIOD (Complete this line on the last page used Carry forward to Page 2, Line 14, Column A )	623 95	





<b>ITEMIZED EXPENDITURES MADE AND INCURRED ON BEHALF OF CANDIDATES AND COMMITTEES</b>	SCHEDULE E	Page No.    of
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**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
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**COMMITTEE NAME:**

**ACCOUNT NAME and NUMBER:**

PAYEE NAME, ADDRESS (Number, Street, City, State and Zip Code)	PURPOSE	AMOUNT(S) THIS PERIOD		TRANSACTION DATE(S)	CHECK NO(S)
		INCURRED/NOT PAID	DISBURSED		

**ALLOCATION OF EXPENDITURES BENEFITING CANDIDATE(S)/COMMITTEES(S)**

CANDIDATE/COMMITTEE NAME	ELECTION DATE	DISTRICT OR COUNTY OR MUNICIPALITY	PRO-RATED AMOUNT

PAYEE NAME, ADDRESS (Number, Street, City, State and Zip Code)	PURPOSE	AMOUNT(S) THIS PERIOD		TRANSACTION DATE(S)	CHECK NO(S)
		INCURRED/NOT PAID	DISBURSED		

**ALLOCATION OF EXPENDITURES BENEFITING CANDIDATE(S)/COMMITTEES(S)**

CANDIDATE/COMMITTEE NAME	ELECTION DATE	DISTRICT OR COUNTY OR MUNICIPALITY	PRO-RATED AMOUNT

<b>1. SUBTOTAL (Add all disbursements made to each recipient type listed on this page.)</b>		
<b>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.)</b>		
<b>3. SUBTOTAL (Add all outstanding obligations incurred/ not paid, listed on this page.)</b>		
<b>4. TOTAL OUTSTANDING OBLIGATIONS INCURRED/ NOT PAID (Complete this line on the last page used. Carry back to Page 10, "Schedule F," Line 2.)</b>		

**DEBTS AND OBLIGATIONS OWED BY COMMITTEE**

**SCHEDULE F**

PAGE No of

**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 and NUMBER**

CREDITOR NAME AND ADDRESS (Number, Street, City, State and Zip Code)	OUTSTANDING BEGINNING BAL- ANCE 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 )	

<b>DEBTS AND OBLIGATIONS OWED TO COMMITTEE (Accounts Receivable)</b>		<b>SCHEDULE G</b>	<b>Page No</b> of		
<b>PLEASE TYPE OR PRINT PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.</b> USE A SEPARATE "SCHEDULE G" FOR EACH SEPARATE ACCOUNT					
<b>COMMITTEE NAME:</b>					
<b>ACCOUNT NAME and NUMBER</b>					
<b>DEBTOR NAME AND ADDRESS (Number, Street, City, State and Zip Code)</b>		<b>BALANCE DUE AT BEGINNING OF THIS PERIOD</b>	<b>NEW AMOUNT THIS PERIOD</b>	<b>TOTAL AMOUNT RECEIVED THIS PERIOD</b>	<b>BALANCE DUE AT CLOSE OF THIS PERIOD</b>
<b>DATE DEBT INCURRED</b>	<b>DEBT DESCRIPTION</b>				
<b>DATE DEBT INCURRED</b>	<b>DEBT DESCRIPTION</b>				
<b>DATE DEBT INCURRED</b>	<b>DEBT DESCRIPTION</b>				
<b>DATE DEBT INCURRED</b>	<b>DEBT DESCRIPTION</b>				
<b>1. SUBTOTAL (Add all debts and obligations owed to committee listed on this page )</b>					
<b>2. TOTAL DEBTS AND OBLIGATIONS OWED TO COMMITTEE (Complete this line on the last page used. Carry forward to front page, Line 8 )</b>					