The time is an in the property of the property

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
MAY 0 8 2019

PLEASE TYPE OR PRINT		. /:				
Committee Name or Approved Acronym Lumbreton Refublic	AN County Co	mmitter				
Address (Number and Street) Check if different than previously reported	0. Box 220					
City State, Zip Code	Identification Number					
LUMDIETON, 1010-08048 10-	3/7000/229	X018				
Committee Type Check if:						
	Do not attempt to complete the "Depository Information" or the "Net Financial Summary" until the appropriate schedules					
Do not attempt to complete the "Depository Information" or the Net Fine have been completed.	ancial Guilliary Grants					
DEPOSITORY INFORMATION	Column A	Column B				
From , Through ,		Calendar				
Period Covered 10/1/20/8 12/31/20/8	This Report	Year-to-Date				
1. Cash on Hand, January 1, <u>2018</u>		35.319.//				
Cash on Hand, Beginning of Reporting Period	32862,44					
3. Monetary Receipts (+)	22600.00	24600.00				
4. Subtotal	55462.44	59919-11				
5. Monetary Expenditures (-)	5590,88	10047.55				
6. Cash on Hand, Close of Reporting Period	49871.56	49871.56				
NET FINANCIAL SUMMARY						
7. Cash on Hand, Close of Reporting Period	<u> </u>	49871.56				
8. Debt owed to Committee	(+)	0				
9. Subtotal	<u> </u>	49871.56				
10. Debt Owed by Committee	(-)	0				
11. Total (Net Worth)		49871.56				
TREASURER CERTIFICATION						
	on amounts received confor	m with the limitations				
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.						
1/14/2019 JAMES A. Miller Jr. Jane a Miller Jr. Jane a Miller Jr.						
TOTAL NAME	SIGNATURE					
1 5/12	160 1	10 12US				
679 RAYRESTOAN RO	. 609-66 (AREA CODE) DAY TEL	EPHONE NUMBER				
1	3018 _609-6	68-1242				
- WILLIAM WAS A STATE OF THE ST	(AREA CODE) EVENING	S 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	U				
Contributions, more than \$300 (Schedule A)	22600,60	24600.00			
2a. Currency Contributions (Schedule A)	6				
3. Total (Add lines 1, 2 and 2a)	22600.00	29600.00			
4. Refund of Contributions (Adjustment Schedule) (-)	6				
5. Subtotal (Subtract line 4 from line 3)	22600.00	24600.00			
Other Receipts					
Reimbursements/Refunds (Schedule A)	6	6			
7. Dividends/Interest (Schedule A)	0	8			
8. Loans Received by Committee, \$300 or Less	0	O			
Loans Received by Committee more than \$300 and all Currency Loans (Schedule B)	0				
10. Total Monetary Receipts (Add lines 5 through 9)	22600.60	24600.00			
11. In-kind Contributions, \$300 or less		O			
12. In-kind Contributions, more than \$300 (Schedule A)					
13. Gross Receipts (Add lines 10, 11 and 12)	22600.00	24600,00			
TABLE II EXPENDITURES					
14. Operating Disbursement (Schedule C)	2131,73	5184.26			
Contributions (from the Committee) to:					
15a. NJ Gubernatorial Candidates/Committees (Schedule D)	6	<u> </u>			
15b. NJ Legislative Candidates/Committees (Schedule D)	<u> </u>	O			
15c. All other Candidates/Committees (Schedule D)	6	0			
Expenditures Made on Behalf of:					
16a. NJ Gubernatorial Candidates/Committees (Schedule E)	_ 0				
16b. NJ Legislative Candidates/Committees (Schedule E)	0				
16c. All other Candidates/Committees (Schedule E)	3459.15	4863.29			
16d. Independent Expenditures (Schedule E)					
17. Loan Payments (Schedule B)	<u>O</u>				
18. Total Monetary Expenditures (Add lines 14 through 17)	55 90.88	10047.53			
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)	5590,88	10047, 55 Form R-3 Page 2 of 11 Revised: 02.28.20			

DEPOSITORY SUMMARY - PLEAS	DEPOSITORY SUMMARY - PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.				
Committee Name:		Coanty Commit	KE		
BANK ACCOUNT INFORMATIO	<u>N</u>	(Area Cada) Talanhara Numb	ner — — — —		
1. Name of Bank TNVESTO	RS BANK	(Area Code) Telephone Number 856-273-	3900		
Mailing Address 3100 R	oute 38				
City, State, Zip Code	LAURE NJ. O	8654			
Account Name		ounty Committe			
Opening Balance this Period	Deposits this Period ユス 600・00	Disbufsements this Period 5590 - 88	Closing Balance this Period		
If the committee has more than provided.	one bank account within the sa	me 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		
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 than provided.	one bank account within the s	ame 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) li	sted above, does this committee l	hold any of the following (please	X):		
☐ Investment Institution Mon		∐ Bonds			
☐ Certificate of Deposit (C.D	.)	☐ Stocks			
☐ Mutual Fund Account		Real Property			
☐ Other (please specify)			nation If roal property is held a		
For each item checked ("X") about Real Property Schedule must be instructions.	ove (other than real property), plea filed as part of the Form R-3. Cor	ase complete the following information that the Commission for a Real	Property Schedule and		
Name of Depository or Issuer		(Area Code) Telephone Nur	nber		
Mailing Address					
City, State, Zip Code	· · · · · · · · · · · · · · · · · · ·				
Account Name	<u> </u>				
Type of Asset		□ Stocks □ Other (er	necify)		
☐ Money Market ☐ C.D. Value of Asset at Purchase if Ap	☐ Mutual Fund ☐ Bonds plicable	☐ Stocks ☐ Other (sp Date of Maturity, if Applicable			
Opening Balance this Period	Deposits this Period	Disbursements this Period	Closing Balance this Period		
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			From R-3 Page 3 of 11 Revised: 02 28 20		

TEMIZED RECEIPTS (Other than Loans	3)	SCHEDULE A	Page No.	/ of /
PLEASE TYPE OR PRINT. PHOTOCOPIE	ES MAY BE USE	D IF ADDITIONAL FOR	MS ARE NEEDED.	
Receipt Type (Use a separate "Schedule A" Currency St All other Monetary C Reimbursements/Refunds of Disburseme	for each type and Contributions	for each separate accou	int.) ions-Expenditures Made	by Others
Committee Name				
Account Name				
Contributor Name LADORUS LOCA 1773 Occupation	609	or Address (Number and OP MOTOG e, Zip Code	on Ka-	
	TRH	wfon, N.J	. 086/0 Date(s) Received	Amount(s) Received
Employer Name			this Period	this Period
Employer Address			10/1/2019	7200.00
City, State, Zîp Code			10/1/2018	120000
Receipt Description (If In-Kind)		Aggregate Year-to-Date		
Contributor Name FRIEND 3 OF KRISTIN JA Occupation	NUSEKI	or Address (Number and le, Zip Code	Street)	
Employer Name			Date(s) Received	Amount(s) Received
Employer Address	<u>. </u>	<u> </u>	12/21/20	/442
City, State, Zip Code			12/3/12/18	1000.00
Receipt Description (If In-Kind)		Aggregate Year-to-Date		
Contributor Name FRIENDS of JIM CONNAY	Contribu	tor Address (Number and	Street)	
Occupation Occupation	City, Sta	te, Zip Code		
Employer Name			Date(s) Received	Amount(s) Received
Employer Address			11/12/2010	7200.00
City, State, Zip Code			11/13/00/8	7000.00
Receipt Description (If In-Kind)		Aggregate Year-to-Date		
Contributor Name FRIENXIS OF MIKE	Contribu	itor Address (Number and	d Street)	
Occupation	City, Sta	ate, Zip Code		
Employer Name			Date(s) Received	Amount(s) Received
Employer Address			11/13/2018	7200.00
City, State, Zip Code				
Receipt Description (If In-Kind)		Aggregate Year-to-Date		
1. SUBTOTAL (Add all receipts listed on the	nis page.)	the last need used for as	ch receint type	32600.00
2. TOTAL RECEIPTS, THIS PERIOD (Con Carry forward to applicable line on Page 2.	npiete this line on Column A.)	me last page used for ea		226 00.00

i

LOANS RECEIVED		SCHEDULE	B Page No.	of		
PLEASE TYPE OR PRINT. PHO	TOCOPIES MAY BE USED IF	ADDITIONAL FO	RMS ARE NEEDED	•		
Use a separate "SCHEDULE B" f	or each separate account.					
Committee Name	seton Republica	go Coavita	Connitt	KE		
Account Name	· V	. 0				
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 (Nur	mber, Street, City, State and Zip Coo	de)		Aggregate Year-to-Date		
1. Name and Address of Guaranto	or			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						
			T-4-1 6	Outstanding Balance		
Name and Address of Lender	and Address of Lender Original Loan New Loan Total Amount of Amount this Period Loan Plus Interest					
	Payments this Period	Amount	Check No(s)	Date(s)		
Occupation	Terms	Date Incurred	Date Due	Annual Interest Rate		
Employer Name and Address (Nu	ımber, Street, City, State and Zip Co	ode)		Aggregate Year-to-Date		
Name and Address of Guarant	tor			Amount Outstanding		
Occupation	Employer Name and Address	(Number, Street, City,	State and Zip Code)	Aggregate Year-to-Date		
2. Name and Address of Guarant	tor			Amount Outstanding		
Occupation	Employer Name and Address	(Number, Street, City,	State and Zip Code)	Aggregate Year-to-Date		
1. TOTAL NEW LOANS, THIS P Carry forward to Page 2, Line 9,		ne last page used.		D		
2. TOTAL AMOUNT OF LOANS	· · · · · · · · · · · · · · · · · · ·	OD		<u></u>		
3. TOTAL LOAN PAYMENTS, T		e on the last page u	sed.	\bigcirc		
Carry forward to Page 2, Line 17		(Complete this line	on the			
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 SC	HEDULE - REFUND		ge No. 🏒	of /
PLEASE TYPE OF	PRINT, PHOTOCO	DPIES MAY BE USED IF ADDITIONAL FORMS ARE NOT DULE for each separate account.	IEEDED.	
Committee Name			MittER	
Account Name		/		
IF A MONETARY THE REFUND OF	CONTRIBUTION II	N EXCESS OF THE CONTRIBUTION LIMIT IS DEPO OUNT ON THIS ADJUSTMENT SCHEDULE.	SITED, PLE	
Payment Date	Check No.	Payee Name and Address		Refunded Amount
		· · · · · · · · · · · · · · · · · · ·		
				•
<u></u>				
		<u> </u>		
		<u> </u>		
:				
	<u> </u>			
1. TOTAL REFUN used. Carry forward	ID OF CONTRIBUTION IN THE PROPERTY IN THE PROP	ONS, THIS PERIOD (Complete this line on the last page Column A.)		0

TEMIZED OPERATING DISBURSEMENTS				of (
PLEASE TYPE OR PRINT. PHOTOCOPIES Use a separate "SCHEDULE C" for each separate	MAY BE USED IF ADDITION arate account.	AL FORMS ARE	NEEDED.	
Committee Name Lumbfacton #	Republican Coan	uty Coma	ittick	
Account Name	/	O		
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 instr	uctions concerning permissible	uses of funds.		
Costco retenton Rd. 100 CENTERTON Rd. Mount Laurel, NJ. 08054	Gift CARDS - Chief Retirement	101 117	11/5/18	Debit
EAST COAST LIMO 392 MAIN ST. Lumberton, N.J. 08048	Shuttle to NEW Fire house	288,00	11/5/2018	Debit
Amus Flower Junction 708 MAIN ST. 117 DENNE	CHIZEN. RECOGNITION FlowERS	47.98	11/19/2018	Debit
The Local EATERY 64 Hight St. Mount Holly NIT 02060	RETIREMENT PARTY	1479.58	12/20/248	Debit
The Local EATERY 64 Hight St. Mount Holly NJ. 08060 MARS BROTHERS 1500 Rt. 38 HAINES FORT NJ 0803C	wine Gifts	134.70	120/20/3018	Debit
			!	
1. SUBTOTAL (Add all disbursements listed 2. TOTAL DISBURSEMENTS, THIS PERIOD	on this page.) O (Complete this line on the las	t page used. Carry	2131.73	
forward to Page 2, Line 14, Column A.) New Jersey Election Law Enforcement Commission	<u> </u>		Form R-3 Page 7 o	f 11 Revised. 02.28.201

ITEMIZED MONETARY CONTRIBUTIONS MADE TO C	ANDIDATES/COMMITTE		ULE D Page I	No. 1 of /
PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE Use a separate "SCHEDULE D" for each separate acco	USED IF ADDITIONAL FO ount and each separate rec	DRMS ARE N cipient type.	<u> </u>	
☐ New Jersey Gubernatorial Candidates/Committees	☐ New Jersey	Legislative Ca	andidates/Com	mittees
All Other Candidates/Committees			- 1	
Committee Name Lumbraton Repu	blican Count	y Con	nittee	
Account Name	'	J		
Recipient Name and Address (Number and Street, City, State, Zip Code)	Election Date District or County or Municipality	Che No(s)	Date(s)	Amount of each Contribution
				<u> </u>
	!			<u> </u>
				<u> </u>
	pinions trunc linted on this m	2206)		<u> </u>
1. SUBTOTAL (Add all contributions made to each re			for	<u> </u>
2. TOTAL, THIS RECIPIENT TYPE, THIS PERIOD (Contract type) Carry forward to Page 2, either L	ine 15a, Line 15b, or Line	15c, Column	A.)	2 Form 9 of 11 Payaged: 02 28 2016

ITEMIZED EXPENDITURES MADE AND INCURRED BEHALF OF CANDIDATES/COMMITTEES		HEDULE E	Page No		4
PLEASE TYPE OR PRINT. PHOTOCOPIES MAY B Use a separate "SCHEDULE E" for each separate ac	count and each set	parate recipiem	ype		
☐ New Jersey Gubernatorial Candidates/Committee	s 🗆 New 、	lersey Legislativ	e Candidates/	Committees	
🔀 All Other Candidates/Committees	☐ Indep	endent Expendi	tures		
Account Name	Sican Co	wy Co	nmittee		
	Durnose	Amount(s) th	is Period	Transaction	Check
Payee Name and Address	Purpose O		1	Date(s)	No(s)
(Number, Street, City, State and Zip Code) MARO BROTHERS 1500 RT.38 HAINSPORT N.J. 08036	DRINKS FOR FUNDRAISER		348.30	10/25/20	18 Debit
ALLOCATION OF EXPENDITURES BENEFITING CA	NDIDATE(S)/COMM	Election	District o	or County	Pro-Rated
Candidate/Committee Name		Date	1	icipality	Amount
FRIENDS of MIKE		11/6/201	8 Lumber	SPON _	172.65
FRIENDS of Jim Conway		11/6/2018	Lumbe	rtoN_	172-65
Payee Name and Address (Number, Street, City, State and Zip Code) MARD BROTHUES 1500 Rt. 38/ Auto 20020	Purpose Driwks for Phone Bauk			Transaction Date(s)	n Check No(s)
ALLOCATION OF EXPENDITURES BENEFITING CA	ANDIDATE(S)/COM	MITTEE(S)			
Candidate/Committee Name		Election		or County	Pro-Rated
		Date	or Mur	nicipality	Amount
FRIENDS of Mike		11/6/2018	Lambe	pton)	7.19
FRIENDS of Jim CONWAY	9 — —	11/6/2018	Lunde	eton .	7,19
1. SUBTOTAL (Add all disbursements made to each	recipient type listed	on this page.)			59.68
2. TOTAL DISBURSEMENTS, THIS PERIOD (Compeach recipient type. Carry forward to Page 2, either L Column A.)	ine 16a, Line 16b, o	r Line 16C,			
3. SUBTOTAL (Add all outstanding obligations incur	red/not paid, listed o	n this page.)			
4. TOTAL OUTSTANDING OBLIGATIONS INCURR the last page used. Carry back to Page 10, "Schedule	ED/NOT PAID (Com e F", Line 2.)	plete this line on			
New Jersey Election Law Enforcement Commission			For	rm R-3 Page 9 of 11	Revised: 02.28.201

ITEMIZED EXPENDITURES MADE AND INCURRED BEHALF OF CANDIDATES/COMMITTEES		SCHEDULE E	Page N	<u>_</u>	4
PLEASE TYPE OR PRINT. PHOTOCOPIES MAY B Use a separate "SCHEDULE E" for each separate ac	E USED IF ADI	DITIONAL FORM separate recipie	IS ARE NEEDED ent type.	·	
☐ New Jersey Gubernatorial Candidates/Committee	s 🗆 N	ew Jersey L e gisl	ative Candidates	/Committees	
M'All Other Candidates/Committees		dependent Expe	enditures		
Committee Name Lumbraton Republi	ian Coa	enty Com	nther		
Account Name		\circ			
Payee Name and Address	Purpose	Amount(s) this Period	Transaction	Check
(Number, Street, City, State and Zip Code)	Front -	Incurred/Not	Paid Disbursed	Date(s)	No(s)
Shaprite 1520 Rt.38 Haintscot 115.08036	FUNCAIS		642.60	10/24/20	8 Debit
ALLOCATION OF EXPENDITURES BENEFITING CA	NDIDATE(S)/C0				Den Rotod
Candidate/Committee Name		Election Date	I	or County licipality	Pro-Rated Amount
FRIENDS of Mike		11/6/20	OB Cumbr	eton_	321,30
FRIENDS of Jim Conway	<u> </u>	11/6/201	8 Lunbed	eton	331,30
<u> </u>					
	<u> </u>		_		
	Purpose	Amount	s) this Period	Transactio	n Check
Payee Name and Address (Number, Street, City, State and Zip Code)	O . /	Incurred/Not	`- ′	Date(s)	No(s)
AMAZON PRIME	Supplie	S	18 2.68	10/23/2	08 DEBIT
ALLOCATION OF EXPENDITURES BENEFITING CA	NDIDATE(S)/C	OMMITTEE(S)			··········
Candidate/Committee Name		Election Date		or County nicipality	Pro-Rated Amount
FRIENDS of MIKE	. <u></u>	11/6/20	018 Lumba	roton)	41.34
FRIENDS of Jim Conway	-	11/6/20	18 Lumber	eton	41.34
) —				<u> </u>
	<u></u>			_ .	
		And an Abia mana		<u></u>	
1. SUBTOTAL (Add all disbursements made to each				70	5-28
2. TOTAL DISBURSEMENTS, THIS PERIOD (Compeach recipient type. Carry forward to Page 2, either Licolumn A.)	ine 16a, Line 16 	b, or Line 16c,	d for		:
3. SUBTOTAL (Add all outstanding obligations incure					
4. TOTAL OUTSTANDING OBLIGATIONS INCURRING the last page used. Carry back to Page 10, "Schedule	ED/NOT PAID (6 F", Line 2.)	Complete this line		· · · · · · · · · · · · · · · · · ·	
New Jersey Election Law Enforcement Commission			For	rm R-3 Page 9 of 11	Revised: 02.28.2018

ITEMIZED EXPENDITURES MADE AND INCURRED BEHALF OF CANDIDATES/COMMITTEES		CHEDULE E	Page N	<u> </u>	4
PLEASE TYPE OR PRINT. PHOTOCOPIES MAY B Use a separate "SCHEDULE E" for each separate ac	count and each	separate recipier	nt type.		
☐ New Jersey Gubernatorial Candidates/Committee	s 🗆 Ne	w Jersey Legisla	tive Candidates	/Committees	
All Other Candidates/Committees	Ind	ependent Exper	nditures		
Committee Name Lumbrato Reput	SliCAN CO	santy Co	motter		
Account Name)			
Payee Name and Address	Purpose	Amount(s)) this Period	Transaction	n Check
(Number, Street, City, State and Zip Code)	Phone BA	Incurred/Not Pa	aid Disbursed	Date(s)	No(s)
WAWA 1522 Rt. 38 Lumbraton, NJ. 08048_	Gift CARd	s	90.00	10/30/2	018 Debit
ALLOCATION OF EXPENDITURES BENEFITING CA	NDIDATE(S)/COI	Election	District o	or County	Pro-Rated
Candidate/Committee Name		Date		icipality	Amount
FRIENDS of Mike		11/6/201	8 Lumber	cton	10.00
FRIENDS of Jim Conax	y	11/6/201	8 Lumbre	eton_	10.00
	Purpose	Amount(s	s) this Period	Transactio	n Check
Payee Name and Address (Number, Street, City, State and Zip Code)	 -	· · · · · · · · · · · · · · · · · · ·	· ·	Date(s)	No(s)
MARO BROTHERS 1500 RIK 38 HAINGSOORT, NJ. 08036	Phone Ba Drinks	NK.		10/30/20	ors Debit
ALLOCATION OF EXPENDITURES BENEFITING CA	NDIDATE(S)/CO	MMITTEE(S)		<u>-</u>	
Candidate/Committee Name	. <u></u>	Election Date		or County nicipality	Pro-Rated Amount
FRIENDS of Milste		11/6/201	8 Lumber	etov_	32.77
FRIENDS of Jim Cona)AY	11/6/201	18 Lumba	etou_	32.77
1. SUBTOTAL (Add all disbursements made to each	recipient type liste	ed on this page.)		85	.54
2. TOTAL DISBURSEMENTS, THIS PERIOD (Compleach recipient type. Carry forward to Page 2, either Li Column A.)	lete this line on th ne 16a, Line 16b	e last page used , or Line 16c,	for		
3. SUBTOTAL (Add all outstanding obligations incurre	ed/not paid, listed	on this page.)			
4. TOTAL OUTSTANDING OBLIGATIONS INCURRED the last page used. Carry back to Page 10, "Schedule	ED/NOT PAID (C	omplete this line o			Revised: 02 28 2018

ITEMIZED EXPENDITURES MADE AND INCURRED BEHALF OF CANDIDATES/COMMITTEES		HEDULE E	Page No		4
PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BUSE a separate "SCHEDULE E" for each separate ac	E USED IF ADDITION COUNT AND EACH SE	ONAL FORMS Al parate recipient ty	RE NEEDED pe		
☐ New Jersey Gubernatorial Candidates/Committee	s 🗌 New .	lersey Legislative	Candidates/	Committees	1
☐ All Other Candidates/Committees	☐ indep	endent Expendit	ures	<u>.</u>	
Committee Name Lumberton Repul	MicAN Cou	wty Com	mittak	,	
Account Name		<)			
Payee Name and Address	Purpose	Amount(s) thi	s Period	Transaction	Check
(Number, Street, City, State and Zip Code) Bill Monky 300 53 Rd St. Suite #C WEST PAIN BEACH FL 33407	Phone Calle DATA List	Incurred/Not Paid	Disbursed 1055,≪	Date(s) 11/5/20/	18 2036
ALLOCATION OF EXPENDITURES BENEFITING CA	NDIDATE(S)/COMM	IITTEE(S)			
Candidate/Committee Name		Election Date	District o	r County cipality	Pro-Rated Amount
FRIENDS of MIKE		11/6/2018	Lumb	neton)	525,00
FRIENDS of Jim CONWAY	 	11/20/2018	Lunber	ton_	525.60
				T	Chack
Payee Name and Address	Purpose	Amount(s) th	· · · · · · · · · · · · · · · · · · ·	Transaction	No(s)
(Number, Street, City, State and Zip Code) DAGZ 744 MAIN St Lumberton, N.J. 08648	Drivts	Incurred/Not Paid	1938 ·65	11/6/201	8 Debit
ALLOCATION OF EXPENDITURES BENEFITING CA	INDIDATE(S)/COM	Election	District (or County	Pro-Rated
Candidate/Committee Name		Date	1	icipality	Amount
FRIENDS of MIKE		11/6/2018	Lunbe	RION	619.33
FRIENDS OF JM CONWA	-	11/6/2018	Lumber	tow_	619.32
1. SUBTOTAL (Add all disbursements made to each	<u> </u>			238	8,65
2. TOTAL DISBURSEMENTS, THIS PERIOD (Compleach recipient type. Carry forward to Page 2, either Li Column A.)	lete this line on the land the	ast page used for Line 16c,		345	8.65 9.15
3. SUBTOTAL (Add all outstanding obligations incurre	ed/not paid, listed or	n this page.)	•		
4. TOTAL OUTSTANDING OBLIGATIONS INCURRE the last page used. Carry back to Page 10, "Schedule	ED/NOT PAID (Com F", Line 2.)	plete this line on			Paulicadi 02 28 2018

DEBTS AND OBLIGATIONS OWED BY COMM	TTEE SO	CHEDULE 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 Lymberton Republican County Committee								
Account Name			d					
Creditor Name and Address	Outstanding	Amount	Payments	Outstanding				
(Number, Street, City, State, and Zip Code)	Beginning Balance this Period	Incurred this Period	this Period	Balance this Period				
Debt Purpose								
<u> </u>	<u> </u>							
				!				
Debt Purpose								
Dept - dipose								
Debt Purpose								
DODE I dipode								
	1							
Debt Purpose								
Dent Fulpose								
SUMMARY OF DEBTS AND OBLIGATIONS								
1. TOTAL OUTSTANDING LOANS PLUS INTE		0						
2. TOTAL OUTSTANDING OBLIGATIONS INC		0						
3. TOTAL OUTSTANDING OBLIGATIONS, SO		<u> </u>						
(Complete this line on the last page used.)								
4. TOTAL OUTSTANDING DEBTS/OBLIGATION (Add lines 1, 2 and 3. Carry forward to front page 1)		<u> </u>						

DEBTS AND OBLIGATIONS OWED TO COMMITTEE (Accounts Receivable)		SCHEDULE G	Page No.	of /				
PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED. Use a separate "SCHEDULE G" for each separate account.								
Committee Name Lunharton Proublican County Committee								
Account Name	4/1/ Nate-10-52	7						
Debtor Name and Ad (Number, Street, City	dress , 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	_						
SUMMARY OF DEBTS AND OBLIGATIONS								
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.)								