EN JERS

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 ECT 29 2018

PLEASE TYPE OR PRINT							
Committee Name or Approved Acronym	PEAGL	SliCAN Cognite	Committee				
Address (Number and Street) Check if different than previously reported							
City, State, Zip Code Lun Decton, NJ 08048		Identification Number 317000 / 2203	2018				
Committee Type Check if:		rt Quarter					
☐ CPC ☐ PPC ☐ LLC ☐ Amendment ☐ First Report Fi	<u></u>						
Do not attempt to complete the "Depository Information" or the have been completed.	ne "Net Fir	nancial Summary" until tl	he appropriate schedules				
DEPOSITORY INFORMATION		Column A	Column B				
From Throu			Calendar				
Period Covered 7/1/2018 9/3	0/2018	This Report	Year-to-Date				
1. Cash on Hand, January 1, <u>2018</u>			35319.11				
Cash on Hand, Beginning of Reporting Period	<u> </u>	32012.14					
3. Monetary Receipts	(+)	1500.00	2000.00				
4. Subtotal	<u> </u>	33512.14	37319.11				
5. Monetary Expenditures	(-)	649.70	4456-67				
6. Cash on Hand, Close of Reporting Period		32862.44	32862.44				
NET FINANCIAL SUMMARY		<u></u>					
7. Cash on Hand, Close of Reporting Period			32862.44				
8. Debt owed to Committee		(+)	0				
9. Subtotal			32862.44				
10. Debt Owed by Committee		(-)	<u>O</u>				
11. Total (Net Worth)			32862.44				
TREASURER CE	ERTIFICA	TION					
- · · · · · · · · · · · · · · · · · · ·		<u></u>					
I certify that the statements on this document are true, and that the o	contribution	amounts received conforn	ก with the limitations				
designated by law. I am aware that if any of the statements are willfu	ılly false, fir	may be subject to punishme	ent.				
1 /	_	700	~ C				
10/25/2018 JAMES A. Miller ? PRINT NAME 679 EAURES FOUN	Je.	_ Max 11	Aller				
DATE PRINT NAME	_	SIGNATURE					
679 EAYARS TOWN	ROAC	609-668-	, , , , , , , , , , , , , , , , , , , 				
Lunberton N.T	. 084	48° 609-168-	-1242				
	<u>. </u>	YAREA CODE) EVENING I	TELEPHONE NUMBER				

Do not attempt to complete Tables I and II until the appropriate sc	hedules have been compl	eted.		
TABLE I RECEIPTS	Column A	Column B		
Monetary Receipts	This Report	Calendar Year-to-Date		
Contributions, \$300 or less	\triangle	8		
2. Contributions, more than \$300 (Schedule A)	1500.00	200.00		
2a. Currency Contributions (Schedule A)	0	\wedge		
3. Total (Add lines 1, 2 and 2a)	1500.00	2000.00		
4. Refund of Contributions (Adjustment Schedule) (-)	Ò	<u> </u>		
5. Subtotal (Subtract line 4 from line 3)	1500.00	2000.00		
Other Receipts		2000.00		
6. Reimbursements/Refunds (Schedule A)	0	\bigcirc		
7. Dividends/Interest (Schedule A)	0	<u> </u>		
8. Loans Received by Committee, \$300 or Less	0	0		
Loans Received by Committee more than \$300 and all Currency Loans (Schedule B)	0			
10. Total Monetary Receipts (Add lines 5 through 9)	1500,00	200.00		
11. In-kind Contributions, \$300 or less	0	0		
12. In-kind Contributions, more than \$300 (Schedule A)	0			
13. Gross Receipts (Add lines 10, 11 and 12)	1500.00	00.00c		
TABLE II EXPENDITURES				
14. Operating Disbursement (Schedule C)	ج93.03	3052,53		
Contributions (from the Committee) to:				
15a. NJ Gubernatorial Candidates/Committees (Schedule D)	0	Λ		
15b. NJ Legislative Candidates/Committees (Schedule D)	0	0		
15c. All other Candidates/Committees (Schedule D)		0		
Expenditures Made on Behalf of:				
16a. NJ Gubernatorial Candidates/Committees (Schedule E)	0	0		
16b. NJ Legislative Candidates/Committees (Schedule E)	0	$\overline{}$		
16c. All other Candidates/Committees (Schedule E)	256.67	1404 14		
16d. Independent Expenditures (Schedule E)	<u> </u>	3		
17. Loan Payments (Schedule B)		0		
18. Total Monetary Expenditures (Add lines 14 through 17)	649,70	4456.C7		
19. (n-kind contributions, \$300 or Less (Table I, Line 11)	8	7		
20. In-kind contributions, more than \$300 (Table I, Line 12)	0	<u> </u>		
21. Gross Expenditures (Add lines 18 through 20)	649.70	4456.67		
w Jersey Election Law Enforcement Commission	Form	R-3 Page 2 of 11 Revised: 02.28.2018		

DEPOSITORY SUMMARY - PLE	EASE TYPE OR PRINT. PHOTOC	OPIES MAY BE USED IF ADDITION	ONAL FORMS ARE NEEDED.		
Committee Name: Lumba	estro Republica	N County Comm	itter		
BANK ACCOUNT INFORMATION					
1. Name of Bank	bes BANK	(Area Code) Telephone Num			
Mailing Address 3100 Route 38					
City, State, Zip Code	+ LAUREL No.	5.08054			
Account Name	1 - 0	n County Comm	ittee		
Opening Balance this Period	Deposits this Period	Disbursements This Period	Closing Balance this Period		
If the committee has more that provided.	n one bank account within the	same 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 that provided.	n one bank account within the	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)	listed 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)					
For each item checked ("X") about Real Property Schedule must be instructions.	ove (other than real property), plea e filed as part of the Form R-3. Co	ase complete the following inform ntact the Commission for a Real I	ation. If real property is held, a Property Schedule and		
Name of Depository or Issuer		(Area Code) Telephone Num	ber		
Mailing Address					
City, State, Zip Code	 -				
Account Name	·				
Type of Asset		<u></u> .			
☐ Money Market ☐ C.D.	☐ Mutual Fund ☐ Bonds	☐ Stocks ☐ Other (spe	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		
New Jersey Floation Law Enforcement Commission	<u>. </u>		<u></u>		

ITEMIZED RECEIPTS (Other than Loans)		SCHEDULE		7 of 7
PLEASE TYPE OR PRINT. PHOTOCOPIES N		· · · · · · · · · · · · · · · · · · ·		
Receipt Type (Use a separate "Schedule A" for e Currency All other Monetary Cont Reimbursements/Refunds of Disbursements	each type a		butions-Expenditures Ma	ide by Others
Committee Name				
Account Name	 .			
Contributor Name Operating Engineers Local 82	Contril	butor Address (Number a	nd Street)	
Occupation J	City, S	Springfield State Zip Code Ringfield, N	J. 07081	
Employer Name		Angrew, Iv	Date(s) Received this Period	Amount(s) Received this Period
Employer Address		<u> </u>	7	
City, State, Zip Code		<u> </u>	8/27/2018	1500.00
Receipt Description (If In-Kind)		Aggregate Year-to-Dat	e	
Contributor Name	Contrib	outor Address (Number ar	nd Street)	
Occupation	City, S	tate, Zip Code	<u> </u>	
Employer Name		<u> </u>	Date(s) Received	Amount(s) Received
Employer Address				
City, State, Zip Code				
Receipt Description (If In-Kind)		Aggregate Year-to-Date	e	
Contributor Name	Contrib	outor Address (Number an	nd Street)	
Occupation	City, St	ate, Zip Code		
Employer Name	<u> </u>		Date(s) Received	Amount(s) Received
Employer Address				
City, State, Zip Code		<u> </u>		
Receipt Description (If In-Kind)		Aggregate Year-to-Date		
Contributor Name	Contrib	utor Address (Number an	d Street)	<u> </u>
Occupation	City, St	ate, Zip Code		
Employer Name			Date(s) Received	Amount(s) Received
Employer Address		<u> </u>		
City, State, Zip Code	. <u> </u>		_	
Receipt Description (If In-Kind)		Aggregate Year-to-Date		
1. SUBTOTAL (Add all receipts listed on this page.				1500 00
2. TOTAL RECEIPTS, THIS PERIOD (Complete the	nis line on t	the last page used for eac	ch receipt type.	1500.00
Carry forward to applicable line on Page 2, Column	M.)	<u> </u>		<u> </u>

LOANS RECEIVED			SCHEDULE I	B Page No.		[of	7
PLEASE TYPE OR PRINT. PH	ΙΟΤΟΟΟΙ	PIES MAY BE USED !	F ADDITIONAL FOR	MS ARE NEEDE	D.	<u> </u>	
Use a separate "SCHEDULE B		······································					<u></u>
Committee Name LUM	SERT	on Republi	CAN COUR	tu Com	mī	HER	
Account Name	_	1		9			
Name and Address of Lender	•	Original Loan	New Loan	Total Amount of	F	Outstanding	g Balance
		Amount	this Period	Loan Plus Intere	est	this Period	-
		Payments this Period	Amount	Check No(s)		Date(s)	-
Occupation		Terms:	Date Incurred	Date Due		Annual Inte	rest Rate
Employer Name and Address (N	umber, Stre	eet, City, State and Zip Co	de)		Ag	gregate Year	r-to-Date
Name and Address of Guaran	tor		.		An	nount Outstar	nding
Occupation	Employe	er Name and Address (I	Number, Street, City, St	ate and Zip Code)	Ag	gregate Year	-to-Date
2. Name and Address of Guarant	tor				Am	nount Outstar	nding
Occupation	Employe	er Name and Address (I	Number, Street, City, St	ate and Zip Code)	Ag	gregate Year	-to-Date
Name and Address of Lender		Original Loan	New Loan	Total Amount of		Outstanding	Balance
		Amount	this Period	Loan Plus Interest this Period			
		Payments this Period	Amount	Check No(s)		Date(s)	
Occupation		Terms	Date Incurred	Date Due	_	Annual Inter	est Rate
Employer Name and Address (Nu	mber, Stre	et, City, State and Zip Cod	le)	!	Aggregate Year-to-Date		
Name and Address of Guarant	or				Amount Outstanding		
Occupation	Employe	r Name and Address (N	lumber, Street, City, Sta	ate and Zip Code)	Agg	gregate Year-	-to-Date
2. Name and Address of Guarante	or	,			Am	ount Outstan	ding
Occupation	Employe	r Name and Address (N	lumber, Street, City, Sta	ite and Zip Code)	Agg	gregate Year-	to-Date
1 TOTAL NEW LOANS THIS DE	ERIOD (C.	amplete this line as the		<u> </u>			
 TOTAL NEW LOANS, THIS PE Carry forward to Page 2, Line 9, C 			last page used.			03	
2. TOTAL AMOUNT OF LOANS	<u> </u>	<u> </u>	<u> </u>				<u>-</u>
2 TOTAL LOAN DAVMENTO TI	US DEDIG	10 (0)					
3. TOTAL LOAN PAYMENTS, THE Carry forward to Page 2, Line 17,			on the last page used.			<i>'</i>	
4. TOTAL OF ALL OUTSTANDIN	G LOANS	S PLUS INTEREST (Co	omplete this line on th	ne		- T	
last page used. Carry back to Pag	e 10, "Sch	hedule F*, Line 1.)				\mathscr{D}	ļ

ADJUSTMENT SO	HEDULE - REFUNI	O OF CONTRIBUTIONS Page No.	(of /
		OPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED DULE" for each separate account.	-
Committee Name	Lumbra	eton REpublican County Co	mmitter
Account Name			
		N EXCESS OF THE CONTRIBUTION LIMIT IS DEPOSITED OUNT ON THIS ADJUSTMENT SCHEDULE.	PLEASE REPORT
Payment Date	Check No.	Payee Name and Address	Refunded Amount
	:		
1 18140		• • • • • • • • • • • • • • • • • • •	
		,	
	of CONTRIBUTION of to Page 2, Line 4, C	NS, THIS PERIOD (Complete this line on the last page column A.)	\varnothing

ITEMIZED OPERATING DISBURSEMENTS		SCHE	DULE C Pa	ige No. /	of /
PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED. Use a separate "SCHEDULE C" for each separate account.					
Committee Name LUM DIRPTON REPUBLICAN COUNTY COMMITTEE					
Account Name	7 7 4511		J. J.		
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 inst	ructions concerning peri	nissible	uses of funds.		
Post MASTRE 702 MAIN ST. Lumberton, N. J. 08098	Mailing Perm #220	#	225.00	7/15/2018	2034
VINCENTAINN DIMNERS	BREAK PAST MERTING	-	79.55	8/24/18	Debit
Southampton, NJ. 08088 Kristin Januseski Lumberton, NJ. 08048	BREAKFAST MEETING SOCIAL MEDIA	-	88-48	9/9/18	2035
	<u> </u>				
	. <u> </u>		 ·		
					
	<u>, </u>				
1. SUBTOTAL (Add all disbursements listed on	this page.)			393.03	
2. TOTAL DISBURSEMENTS, THIS PERIOD (forward to Page 2, Line 14, Column A.)		e last pa	age used. Carry	0/3.0~3	

ITEMIZED MONETARY CONTRIBUTIONS MADE TO	CANDIDATES/COMMITTE	ES SCHED	ULE D Page	No. / of /		
PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE Use a separate "SCHEDULE D" for each separate acc			IEEDED.			
☐ New Jersey Gubernatorial Candidates/Committees ☐ New Jersey Legislative Candidates/Committees						
🔀 All Other Candidates/Committees						
Committee Name) Republicas) Cour	ota Co	MM HER		
Account Name	7,40,	···	0	-117774 7 4 2 - 2		
Recipient Name and Address	Election Date	Che	eck	Amount		
(Number and Street, City, State, Zip Code)	District or County	No(s)	Date(s)	of each		
<u></u> ·	or Municipality			Contribution		
· · · · · · · · · · · · · · · · · · ·			:			
			•			
· · -						
		•				
			·			
		;				
				i		
				j		
SUBTOTAL (Add all contributions made to each red	cipient type listed on this pa	 ge.)				
2. TOTAL, THIS RECIPIENT TYPE, THIS PERIOD (C		<u> </u>	or I			
each recipient type. Carry forward to Page 2, either Lin	•			0		

ITEMIZED EXPENDITURES MADE AND INCURRED BEHALF OF CANDIDATES/COMMITTEES	DON	SCHEDULE E	Page N	lo. /	of	3	
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.							
☐ New Jersey Gubernatorial Candidates/Committee	es 🗆 Ne	ew Jersey Legislativ	e Candidates	/Committe	es		
XAII Other Candidates/Committees	□ Ind	dependent Expendi	tures				
Committee Name Lumbraton Rep	ublican	County	Comm	HER	-		
Account Name		0					
Payee Name and Address	Purpose	Amount(s) th	nis Period	Transac	tion	Check	
(Number, Street, City, State and Zip Code)	Sign Part	Incurred/Not Paid		Date(s	•	No(s)	
100 CENTRATON Rd.	Sign Part Supplies	3	20.56	9/7/2	019	Debit	
MOUNT LAURE NS. 08054 ALLOCATION OF EXPENDITURES BENEFITING CAI	· ' ']	<u> </u>			
Candidate/Committee Name		Election Date	1	r County icipality	F	Pro-Rated Amount	
FRIENDS of Mike		11/6/2018	Lunb	ecton)	10.28	
FRIENDS of Jim Conway	<u>-u-</u>	11/6/2018	Lumba	actor) .	10.28	
					į		
Payee Name and Address	Purpose	Amount(s) th	· · · · · · · · · ·	Transact		Check	
(Number, Street, City, State and Zip Code)	SIGNFART	Incurred/Not Paid	Disbursed	Date(s)	No(s)	
1520 Rt. 38 HAINESAORT N.J. 08036	FOOD		110.88	9/8/	0/8	DEDIT	
ALLOCATION OF EXPENDITURES BENEFITING CAI	NDIDATE(S)/CO	1	B'artis a			 	
Candidate/Committee Name		Election Date	1	r County icipality	- F	Pro-Rated Amount	
FRIENDS of Mike	, .	11/6/2018	Lumbe	Rton	;	55,49	
FRIENDS of Jin Conway		11/6/2018	Lunke	cton		55.44	
SUBTOTAL (Add all disbursements made to each re	ecipient type liste	d on this page.)	1 1	2/,4	44	/	
2. TOTAL DISBURSEMENTS, THIS PERIOD (Comple each recipient type. Carry forward to Page 2, either Lin Column A.)		• •		· · · · · · · · · · · · · · · · · · ·			
3. SUBTOTAL (Add all outstanding obligations incurred	d/not paid, listed	on this page.)					
4. TOTAL OUTSTANDING OBLIGATIONS INCURRED the last page used. Carry back to Page 10, "Schedule for the last page used."	,	mplete this line on					

BEHALF OF CANDIDATES/COMMITTEES	DON	SCHEDULE E	Page N	lo. Q o	(3)	
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.						
☐ New Jersey Gubernatorial Candidates/Committee	es 🗆 N	ew Jersey Legislati	ve Candidates	/Committees		
☑ All Other Candidates/Committees	□ Ir	ndependent Expend	litures			
Committee Name Lumbraton Rep	ublicai	Count	COMI	rittere		
Account Name			,			
Payee Name and Address	Purpose	Amount(s) t	his Period	Transaction	n Check	
(Number, Street, City, State and Zip Code) MARO BROTHERS 1500 Rt. 38 HAINES POET, N.J. 08036	BRURAGE	Incurred/Not Paid	Disbursed	Date(s) 9/7/20	No(s) No(s)	
ALLOCATION OF EXPENDITURES BENEFITING CA Candidate/Committee Name	NDIDATE(S)/CC		District	a Cauata	Dec Detect	
Candidate/Committee Name		Election Date	[r County icipality	Pro-Rated Amount	
FRIENDS of Mike		11/6/2013	3 Lumber	eton	19.71	
FRIEDDS of Jim CONWAY		11/6/2019	Lumbe	Rton	19.71	
Payee Name and Address	Purpose	Amount(s) t	his Period	Transaction	n Check	
(Number, Street, City, State and Zip Code)	Phone BA		 -	Date(s)	No(s)	
WAWA 1522 Rt. 38 Lumburtow, NS. 08048 ALLOCATION OF EXPENDITURES BENEFITING CAI	Awards		40.00	9/18/30	18 Debit	
Candidate/Committee Name	NDIDATE(0)/CC	Election	District o	r County	Pro-Rated	
		Date	or Mun	•	Amount	
Friends of Mikit		11/6/2018	Lymber	etow	20.00	
FRIENDS OF Jim CONWAY	<u></u>	11/6/2018	Lumber	ton.	90.00	
1. SUBTOTAL (Add all disbursements made to each re	ecipient type liste	ed on this page.)	7	79,42	}	
2. TOTAL DISBURSEMENTS, THIS PERIOD (Comple each recipient type. Carry forward to Page 2, either Lin Column A.)		_				
3. SUBTOTAL (Add all outstanding obligations incurred	d/not paid, listed	on this page.)				
4. TOTAL OUTSTANDING OBLIGATIONS INCURRED the last page used. Carry back to Page 10, "Schedule I	•	omplete this line on				

BEHALF OF CANDIDATES/COMMITTEES	DON SC	HEDULE E	Page N	l°. 3 °[3		
PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BUT USE a separate "SCHEDULE E" for each separate as).			
☐ New Jersey Gubernatorial Candidates/Committee	es 🗆 New	Jersey Legislative	e Candidates	/Committees			
All Other Candidates/Committees	☐ Indep	endent Expendit	ures				
Committee Name Lumbraton Repu	Committee Name Lumbration Republican County Committees						
Account Name		0					
Payee Name and Address	Purpose	Amount(s) th	is Period	Transaction	Check		
(Number, Street, City, State and Zip Code)	PLONE BANK	Incurred/Not Paid	Disbursed	Date(s)	No(s)		
MARO BROTHERS 1500 Rt.38 HAINESPORT, N.J.0803C	BEVERAGES		45.81	9/18/201	8 Debit		
ALLOCATION OF EXPENDITURES BENEFITING CA	NDIDATE(S)/COMM	ITTEE(S)		,			
Candidate/Committee Name		Election Date	District o or Muni	- 1	Pro-Rated Amount		
FRIENDS of MIKE		11/6/2018	Lunde	rton	2291		
FRIRINGS of Jim Concor	74	11/6/2018	LUMBE	eton	22.90		
Payee Name and Address	Purpose	Amount(s) thi	s Period	Transaction	Check		
(Number, Street, City, State and Zip Code)		Incurred/Not Paid	Disbursed	Date(s)	No(s)		
ALLOCATION OF EXPENDITURES BENEFITING CAR	NDIDATE(S)/COMM	ITTEE(S)					
Candidate/Committee Name		Election Date	District or or Muni	· ·	Pro-Rated Amount		
			····				
					<u></u> .		
SUBTOTAL (Add all disbursements made to each re			40	18.2			
2. TOTAL DISBURSEMENTS, THIS PERIOD (Comple each recipient type. Carry forward to Page 2, either Line Column A.)			250	6.67			
3. SUBTOTAL (Add all outstanding obligations incurred	d/not paid, listed on t	this page.)					
4. TOTAL OUTSTANDING OBLIGATIONS INCURRED the last page used. Carry back to Page 10, "Schedule F	- ·	ete this line on					

DEBTS AND OBLIGATIONS OWED BY COMMI	TTEE	SCHEDULE F	Page No	of /
PLEASE TYPE OR PRINT. PHOTOCOPIES MA Use a separate "SCHEDULE F" for each separate		ITIONAL FORMS	ARE NEEDED.	•
Committee Name	2061,50	Burk	n - : H=	
Committee Name Lumbraton Ra	=PUDITCHO	County	CO OVALLITOR	<u> </u>
Account Name	•	9		
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
	(110 1 01104	4.10 1 01100		1 01103
Debt Purpose	_			
			<u> </u>	
Debt Purpose				
<u> </u>			+	
Debt Purpose				
			:	
Debt Purpose				
2001. 010000				
SUMMARY OF DEBTS AND OBLIGATIONS	_		1	
1. TOTAL OUTSTANDING LOANS PLUS INTER	EST FROM SCHED	ULE B. PAGE 5		
LINE 4		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9	
2. TOTAL OUTSTANDING OBLIGATIONS INCU CANDIDATES/COMMITTEES FROM SCHEDULI				3
3. TOTAL OUTSTANDING OBLIGATIONS, SCH		- .		7 K
(Complete this line on the last page used.)			9	O .
4. TOTAL OUTSTANDING DEBTS/OBLIGATIONS OWED BY COMMITTEE (Add lines 1, 2 and 3. Carry forward to front page, Line 10.)				5

DEBTS AND OBLIGATIONS OWED TO COMMITTEE (Accounts Receivable)			SCHEDULE G	Page No.	of /
	PRINT. PHOTOCOPIES No. 14 HEDULE G" for each separ		DITIONAL FORMS	ARE NEEDED.	
Committee Name	inebole G for each separ	0 1 0	· /1		
	UMBRATON (Souvta Ce	DMMITTER		
Account Name		4	•		
Debtor Name and Ad	ddress	Balance Due	New Amount	Total Amount	Balance D
(Number, Street, City, State, and Zip Code)		at beginning of this Period	this Period	Received	at Close o
		Of this relied		this Period	this Perio
Date Debt Incurred	Debt Description				
Date Debt Incurred	Debt Description				
Date Debt Incurred	Debt Description				
	1				
Date Debt Incurred	Debt Description				
Pare Dent Infalled	Deat Description				
Date Debt incurred	Debt Description				
SUMMARY OF DEB	TS AND OBLIGATIONS		<u> </u>		
	all debts and obligations or	wed to committee list	ed on this page.)	20	,
2 TOTAL DEDTO :	ND OBLIGATIONS OWED	TO COMMITTEE	" - -	_ L	<u> </u>