RECEIPTS AND EXPENDITURES QUARTERLY REPORT NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION P O Box 185, Trenton, NJ 08625-0185 (609) 292-8700 or Toil Free Within NJ 1-888-313-ELEC (3532) Web site http://www.elec.state.nj.us/ COMMITTEE NAME OR APPROVED ACRONYM	FOR STATE	USE ONLY
Aberday Democratic Executive Committee	ELEC REC	EIVED
ADDRESS (number and street) CHICK IF DIFFERENT THAN PREVIOUSLY REPORTED  7 North land Lance	APR 17	2006
CITY, STATE and ZIP CODE	ELEC IDENTIFICATION	NUMBER
Aberden, NJ 07747		
COMMITTEE TYPE  CPC PPC LLC  AMENDMENT  FIRST REPORT FILED	REPORT QUARTER  APR JUL 15  YEAR 2006	OCT JAN 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 (180M 06 (1873)) 66	THIS REPORT	CALENDAR YEAR-TO-DATE
1. CASH ON HAND, JANUARY 1, ZOOL	35,564.79	
2. CASH ON HAND, BEGINNING OF REPORTING PERIOD	35,564.79	
3. MONETARY RECEIPTS (+)	499.55	499.55
4. SUBTOTAL	36,064.34	36,064.34
5. MONETARY EXPENDITURES (-)	1,160,00	1,160.00
6. CASH ON HAND, CLOSE OF REPORTING PERIOD	34,904.34	34, 904. 34
NET FINANCIAL SUMMARY		\$
7. CASH ON HAND, CLOSE OF REPORTING PERIOD		34,904,34
8. DEBT OWED TO COMMITTEE	(+)	
9. SUBTOTAL		34,904.34
10. DEBT OWED BY COMMITTEE	(-)	
11. TOTAL (Net Worth)		34,964.34
TREASURER'S CERTIFICATION  I certify that the statements on this document are true, and that the contributions designated by law. I am aware that if any of the statements are	bution amounts received	conform with the subject to punishment.
DATE PRINT NAME	SIGNATUR	
7 Northund LN ADDRESS	73 L-SUG- 14 *(AREA CODE) DAY TEI	
Abudeen No 07747	752-566-14	115
	*(AREA CODE) EVENING	ELEPHONE 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	499.55	49955
2	CONTRIBUTIONS, MORE THAN \$300	-	
2a	CURRENCY CONTRIBUTIONS	_	_
3	TOTAL (Add lines 1, 2 and 2a)	49955	499.55
4	REFUND OF EXCESSIVE CONTRIBUTIONS (ADJUSTMENT SCHEDULE) (-)		-
5	SUBTOTAL (Subtract line 4 from line 3)	499.55	49955
	OTHER RECEIPTS		
6	REIMBURSEMENTS/REFUNDS		
7.	DIVIDENDS/INTEREST		
8.	LOANS RECEIVED BY COMMITTEE, \$300 OR LESS	_	_
9	LOANS RECEIVED BY COMMITTEE MORE THAN \$300 AND ALL CURRENCY LOANS	_	
10	TOTAL MONETARY RECEIPTS (Add lines 5 through 9)	499 55	499.55
11	IN-KIND CONTRIBUTIONS, \$300 OR LESS		•
12	IN-KIND CONTRIBUTIONS, MORE THAN \$300	_	
13	GROSS RECEIPTS (Add lines 10, 11 and 12)	499,55	499.55
·	TABLE II EXPENDITURES		
14	OPERATING DISBURSEMENTS	1,160.0	1,160,0
	CONTRIBUTIONS (FROM THIS COMMITTEE) TO	The state of the state of	B. A. H. O.
15a.	NJ GUBERNATORIAL CANDIDATES/COMMITTEES		
15b.	NJ LEGISLATIVE CANDIDATES/COMMITTEES		
15c.	ALL OTHER CANDIDATES/COMMITTEES	_	-
	EXPENDITURES MADE ON BEHALF OF		
16a.	NJ GUBERNATORIAL CANDIDATES/COMMITTEES		<u> </u>
16b.	NJ LEGISLATIVE CANDIDATES/COMMITTEES		_
16c	ALL OTHER CANDIDATES/COMMITTEES		-
17	LOAN PAYMENTS		<b>-</b>
18	TOTAL MONETARY EXPENDITURES (Add lines 14 through 17)	1,160 00	1,160.00
19	IN-KIND CONTRIBUTIONS, \$300 OR LESS	-	
20	IN-KIND CONTRIBUTIONS, MORE THAN \$300		_
21	GROSS EXPENDITURES (Add lines 18 through 20)	1,160.00	1,160,00

		RY SUMMARY				
PLEASE TYPE OR PRINT PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.						
COMMITTEE NAME: A	berdeen Democratic	Executive Committee				
	BANK ACCOUN	T INFORMATION				
1 NAME OF BANK Sover-eigh	n Bank	(AREA CODE) TELEPHONE NUM	ØER			
MAILING ADDRESS 342 L/o	yd fd					
MASAWAN, NT 07747						
Muden Dimocartic	Executive Committee	ACCOUNT NUMBER / 698	668			
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD 499.55	DISBURSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD 34, 964, 34			
If the committee has more the	an one bank account within	the same bank, the name(s) an	d account number(s)			
of the additional account(s) n	iust be provided.					
ACCOUNT NAME		ACCOUNT NUMBER				
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD	DISBURSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD			
2 NAME OF BANK	<u>                                     </u>	(AREA CODE) TELEPHONE NUM	BER			
MAILING ADDRESS						
CITY STATE, ZIP CODE						
ACCOUNT NAME	<del>,</del> ,	ACCOUNT NUMBER				
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD	DISBURSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD			
If the committee has more the of the additional account(s) m		the same bank, the name(s) an	d account number(s)			
ACCOUNT NAME	1400 00 provident	ACCOUNT NUMBER				
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD	DISBURSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD			
	OTHER	ASSETS				
Other than the bank account(		<del></del>	ing (please X):			
	e et al. Merco de Merco do A. A. a. a. c.					
l ===	tution Money Market Accoun					
Certificate of De	- ' -	Stocks				
Mutual Fund Ac	count	Real Prope	erty			
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 NU	MBER			
MAILING ADDRESS						
CITY STATE, ZIP CODE		<del>-</del>				
ACCOUNT NAME		ACCOUNT NUMBER				
TYPE OF ASSET  MONEY MARKET C D MUTUAL FUND BONDS STOCKS 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			
	<u> </u>	<del></del>	<del></del>			

ITEMIZED RECEIPTS (Other than				LE A Page No	of
PLEASE TYPE OR PRINT PHOTOCOPIES MAY RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR			IAL FORM	IS ARE NEEDED	
CURRENCY ALL OTHER MONETARY CONTRIBUTIONS	IN-KIND CONTRI	•		MBURSEMENTS/ UNDS OF DISBURSEMENTS	DIVIDENDS/ INTEREST
COMMITTEE NAME					
ACCOUNT NAME and NUMBER					
CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR	ADDRESS (NUM	BER AND STREET)	
OCCUPATION	STATE USE ONLY	(CITY, STATE A	ND ZIP CODE)		
			<u> </u>		
EMPLOYER NAME		- 1.5		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		
CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR	ADDRESS (NID.	(BER AND STREET)	
CONTRIBUTOR NAME	STATE OSE ONE!		ADDALSS (III)	BER AND STREET	
OCCUPATION	STATE USE ONLY	(CITY STATE A	ND ZIP CODE)		
EMPLOYER NAME		<u> </u>		DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)					
(CITY, STATE AND ZIP CODE)	<del>-</del> -			1	
RECEIPT DESCRIPTION (If In kind)  AGGREGATE YEAR-TO-DATE			4		
				<u> </u>	
CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR	ADDRESS (NUI	MBER AND STREET)	
OCCUPATION	STATE USE ONLY	(CITY, STATE /	AND ZIP CODE)		
EMPLOYER NAME	<del>-</del>	***********		DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)				112312402	7780728402
(CITY, STATE AND ZIP CODE)				<u> </u>	
RECEIPT DESCRIPTION (If In-kind))		AGGREGATE Y	EAR TO DATE		
		<u> </u>			
CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR	ADDRESS (NÜX	ABER AND STREET)	
OCCUPATION	STATE USE ONLY	(CITY STATE A	ND ZIP CODE)	····	
EMPLOYER NAME			<u>-</u> .	DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		<del></del>	<del></del>	1123.44100	111312100
(CITY, STATE AND ZIP CODE)		<u> </u>	<del></del>	1	
RECEIPT DESCRIPTION (If In-kind)		AGGREGATE Y	EAR-TO-DATE		
1. SUBTOTAL (Add all receipts listed on this p		·	*	<u> </u>	
2. TOTAL RECEIPTS, THIS PERIOD (Comple each receipt type. Carry forward to applicab	te this line on ole line on Pa	the last page 2, Colur	age used fon A.)	or 	



LOANS RECEIVED			SCHEDULE B	Page No	of
PLEASE TYPE OR PRINT PHOTOCOPII USE A SEPARATE "SCHEDULE B" FOR EACH SEPARATE ACCO	ES MAY BE USED I	F ADDITIONAL F	ORMS ARE NEED!		
COMMITTEE NAME					
ACCOUNT NAME and NUMBER					
NAME AND ADDRESS OF LENDER	ORIGINAL LOAN AMOUNT	NEW LOANS THIS PERIOD	TOTAL AMOUNT OF LOAN PLUS INTEREST	OUTSTANDING I THIS PERI	
	PAYMENTS THIS PERIOD	AMOUNT	CHECK NO(S)	DATE(S)	)
OCCUPATION	TERMS	DATE INCURRED	DATE DUE	ANNUAL INTERE	EST RATE
EMPLOYER NAME AND ADDRESS (NUMBER, STREET, CITY, STA	TE AND ZIP CODE)			AGGREGATE YEAR	r-to-date
1) NAME AND ADDRESS OF GUARANTOR				AMOUNT OUTST	TANDING
OCCUPATION	EMPLOYER NAME AND ADD	RESS (NUMBER, STREET, CIT	TY STATE AND ZIP CODE)	AGGREGATE YEAR	R-TO-DATE
2) NAME AND ADDRESS OF GUARANTOR	<u>.                                    </u>			AMOUNT OUTS	TANDING
OCCUPATION	EMPLOYER NAME AND ADD	RESS (NUMBER, STREET CIT	Y STATE AND ZIP CODE)	AGGREGATE YEAR	R TO-DATE
NAME AND ADDRESS OF LENDER	ORIGINAL LOAN AMOUNT	NEW LOANS THIS PERIOD	TOTAL AMOUNT OF LOAN PLUS INTEREST	OUTSTANDING THIS PERI	
	PAYMENTS THIS PERIOD	AMOUNT	CHECK NO(S)	DATE(S	(i)
OCCUPATION	TERMS	DATE INCURRED	DATE DUE	ANNUAL INTERI	EST RATE
EMPLOYER NAME AND ADDRESS (NUMBER, STREET CITY STA	TE AND ZIP CODE)			AGGREGATE YEA	R-TO-DATE
I) NAME AND ADDRESS OF GUARANTOR				AMOUNT OUTS	TANDING
OCCUPATION	EMPLOYER NAME AND ADD	RESS (NUMBER, STREET CIT	Y, STATE AND ZIP CODE)	AGGREGATE YEA	R-TO-DATE
2) NAME AND ADDRESS OF GUARANTOR	<u>.</u>			AMOUNT OUTS	TANDING
OCCUPATION	EMPLOYER NAME AND ADI	DRESS (NUMBER, STREET, CI	TY, STATE AND ZIP CODE)	aggregate yeai	R-TO DATE
				· <u></u>	
1 TOTAL NEW LOANS, THIS PERIOR Carry forward to Page 2, Line 9, Colo	D (Complete this linum A.)	ne on the last page	used.		
2 TOTAL AMOUNT OF LOANS PLUS IN					
3 TOTAL LOAN PAYMENTS, THIS P. Carry forward to Page 2, Line 17, Col	lumn A)				
4 TOTAL OF ALL OUTSTANDING LO. last page used. Carry back to Page 1	ANS PLUS INTERE 10, "Schedule F," L	ST (Complete this ine 1)	line on the		

## ADJUSTMENT SCHEDULE of REFUND OF EXCESSIVE CONTRIBUTIONS Page No PLEASE TYPE OR PRINT PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED USE A SEPARATE "ADJUSTMENT SCHEDULE" FOR EACH SEPARATE ACCOUNT COMMITTEE NAME: ACCOUNT NAME and NUMBER IF A MONETARY CONTRIBUTION IN EXCESS OF THE CONTRIBUTION LIMIT IS DEPOSITED, PLEASE REPORT THE REFUND OF THE EXCESS AMOUNT ON THIS ADJUSTMENT SCHEDULE. **PAYMENT** CHECK REFUNDED NO. DATE AMOUNT PAYEE NAME AND ADDRESS

1 TOTAL REFUND OF EXCESSIVE CONTRIBUTIONS, THIS PERIOD (Complete this line on the last page used Carry forward to Page 2, Line 4, Column A.)

HEMILED OPERATING DISBU	RSEMIEN IS SCH	EDULE C   Page N	10 / of	
PLEASE TYPE OR PRINT PHOTOCOPIES N USE A SEPARATE "SCHEDULE C" FOR EACH SEPARATE ACCOUNT	MAY BE USED IF ADDITIONA	L FORMS ARE NE	EDED	
COMMITTEE NAME Aberden De	MOLANAL Executive Con	yar. He		
ACCOUNT NAME and NUMBER	overry bank			
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)
* Legislative Leadership Committ	ees - See Instructions concern	ung permissible us	es of funds	
Vincent Vinci 18 Wishington AM Abadeen, NJ 07747	Expuses	500.00	1/20/02	130
Abudeen, NJ 07747 Monmonth County Democrats 1390 Rte 36 Ste 105 HALLET, NJ 07730	Pinner Rikets	500,00	411/06	/31
Pustances Matanana MAHANAN NJ	Pemit Fee	/60.00	3/3/06	132
		,		
1 SUBTOTAL (Add all disbursements liste	ed on this page.)	1,160 w		
2 TOTAL DISBURSEMENTS, THIS PERIC last page used Carry forward to Page 2,	OD (Complete this line on the	1,160,00		

TO CANDIDATES AND COMMITTEES			E D	Page 1	No o	f	
PLEASE TYPE OR PRINT PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED USE A SEPARATE "SCHEDULE D" FOR EACH SEPARATE ACCOUNT AND EACH SEPARATE RECIPIENT TYPE							
NEW JERSEY GUBERNATORIAL CANDIDATES/COMMITTEES  NEW JERSEY LEGISLATIVE CANDIDATES/COMMITTEES  ALL OTHER					L CANDIDATES/CO	MMITTEES	
COMMITTEE NAME.							
ACCOUNT NAME and NUMBER							
	ELECTION DATE	СН	ECK		AMOU	NT	
RECIPIENT NAME, ADDRESS	DISTRICT OR COUNTY			İ	OF EA		
(Number and Street, City, State, Zip Code)	OR MUNICIPALITY	NO(S)	DATE	2(S)	CONTRIBU	JTION	
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		<del>-</del>				<u></u>	
			_			·	
100000000000000000000000000000000000000							
1 SUBTOTAL (Add all contributions made to					·····		
2 TOTAL, THIS RECIPIENT TYPE, THIS PERIOD (Complete this line on the last page used for each recipient type Carry forward to Page 2, either Line 15a, Line 15b, or Line 15c, Column A)							

ITEMIZED EXPENDITURES ON BEHALF OF CANDIDAT			SCHEDULE E	Page No.	of	
PLEASE TYPE OR PRINT. PHOTOCOP	<del></del>		<u> </u>		- 01	
USE A SEPARATE "SCHEDULE E" FOR BACH SEPARATE ACC	OUNT AND EACH SEPARATE RECIPI	ENT TYPE				
NEW JERSEY GUBERNATORIAL CANDIDATES/COMMITTEES	NEW JERSEY LEGISLAT CANDIDATES/COMMIT		ALL OTHER	CANDIDATES/COMMI	TTEES	
COMMITTEE NAME:						
ACCOUNT NAME and NUMBER:			· <del></del>			
PAYEE NAME, ADDRESS	PURPOSE	AMOUNT(S)		TRANSACTIO	1 ' ' ' '	
(Number, Street, City, State and Zip Code)		INCURRED/NOT PAID	DISBURSED	DATE(S)	NO(S)	
			j		1	
			<u></u>			
ALLOCATION OF EXPENDIT			1			
CANDIDATE/COMMITTEE	NAME	ELECTION DATE	DISTRICT OR OR MUNICIF		RO-RATED	
		DATE	OR MONION	ADIT	AMOUNT	
	·	<u></u>				
		1	ļ	- 1		
PAYEE NAME, ADDRESS	PURPOSE	AMOUNT(S)	THIS PERIOD	TRANSACTIO	N CHECK	
(Number, Street, City, State and Zip Code)		INCURRED/NOT PAID	DISBURSED	DATE(S)	NO(S)	
				Ì	1	
			}	1		
ALLOCATION OF EXPENDIT	URES BENEFITING CA	NDIDATE(S)/CO	MMITTEES(S)	·	_	
CANDIDATE/COMMITTEE	NAME	ELECTION	DISTRICT OR		RO-RATED	
		DATE	OR MUNICIE	ALITY	AMOUNT_	
				1		
		<u> </u>				
1. SUBTOTAL (Add all disbursements	made to each recipient	t type		3 8		
listed on this page.)						
2. TOTAL DISBURSEMENTS, THIS P	ERIOD (Complete this li	ine on the last		13/1		
page used for each recipient type. C	• •		1	1 m 1 m		
Line 16a, Line 16b, or Line 16c, Col	•				et :	
3. SUBTOTAL (Add all outstanding of			14.24		A STATE OF	
not paid, listed on this page.)						
4. TOTAL OUTSTANDING OBLIGAT	TIONS INCURRED/		1 5 11 10	The state of the s	a a m	
NOT PAID (Complete this line on the l			3.27			
Carry back to Page 10, "Schedule F	7,'' L <u>ine</u> 2.)	1				

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DEBTS AND OBLIGATIONS O		- 100		PAGE No of
PLEASE TYPE OR PRINT. PHOTOCOPIES USE A SEPARATE "SCHEDULE F" FOR EACH SEPARATE ACCOUNT	MAY BE USED IF A	DDITIONAL FOR	MS ARE NEEDED.	
COMMITTEE NAME				
ACCOUNT NAME and NUMBER				
	OUTSTANDING	AMOUNT		OUTSTANDING
CREDITOR NAME AND ADDRESS (Number, Street, City, State and Zip Code)	BEGINNING BAL- ANCE THIS PERIOD	INCURRED THIS PERIOD	PAYMENTS THIS PERIOD	BALANCE THIS PERIOD
( Diano and Zip Code)	IIII I ERIOD	CMOPAGE	I INIS PERIOD	TIMO PERIOD
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DEBT PURPOSE			İ	
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debt purpose	{		•	
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DEBT PURPOSE	1 1			
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DEET BIRDOSE	4 1			
DEBT PURPOSE	]			
		<u></u>		<u> </u>
			<u> </u>	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
SUMMARY OF DEBTS AND OBLIGATIONS			<u> </u>	
1 TOTAL OUTSTANDING LOANS PLUS				<del></del>
2 TOTAL OUTSTANDING OBLIGATIONS			OF	1
CANDIDATES/COMMITTEES FROM S		9, LINE 4		<del></del>
3 TOTAL OUTSTANDING OBLIGATIONS				1
(Complete this line on the last page u  4. TOTAL OUTSTANDING DEBTS/OBLIG		COMMITTEE (A	dd lines	+
1, 2 and 3 Carry forward to front page				1

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DEBTS AND OBLIGATIONS OW (Accounts Receivable)	COMPANIE	n6		
PLEASE TYPE OR PRINT. PHOTOCOPIES	SCHEDULE G			
USE A SEPARATE "SCHEDULE G" FOR EACH SEPARATE ACCOUNT			MAN INCHIENCE	,
COMMITTEE NAME ACCOUNT NAME and NUMBER	<del></del>			
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 OW last page used. Carry forward to front page.		TEE (Complete this	line on the	