

# 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/>

FOR STATE USE ONLY

COMMITTEE NAME OR APPROVED ACRONYM

Aberdeen Democratic Executive Committee

ELEC RECEIVED

APR 17 2006

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

7 Northland Lane

CITY, STATE and ZIP CODE

Aberdeen, NJ 07747

ELEC IDENTIFICATION NUMBER

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	THROUGH	THIS REPORT	CALENDAR YEAR-TO-DATE
1. CASH ON HAND, JANUARY 1, <u>2006</u>	<u>01/01/06</u>	<u>03/31/06</u>		<u>35,564.79</u>
2. CASH ON HAND, BEGINNING OF REPORTING PERIOD			<u>35,564.79</u>	
3. MONETARY RECEIPTS (+)			<u>499.55</u>	<u>499.55</u>
4. SUBTOTAL			<u>36,064.34</u>	<u>36,064.34</u>
5. MONETARY EXPENDITURES (-)			<u>1,160.00</u>	<u>1,160.00</u>
6. CASH ON HAND, CLOSE OF REPORTING PERIOD			<u>34,904.34</u>	<u>34,904.34</u>

NET FINANCIAL SUMMARY		
7. CASH ON HAND, CLOSE OF REPORTING PERIOD		<u>34,904.34</u>
8. DEBT OWED TO COMMITTEE (+)		<u>-</u>
9. SUBTOTAL		<u>34,904.34</u>
10. DEBT OWED BY COMMITTEE (-)		<u>-</u>
11. TOTAL (Net Worth)		<u>34,904.34</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.

4/14/06  
DATE

Robert Axelrod  
PRINT NAME

Robert Axelrod  
SIGNATURE

7 Northland Ln  
ADDRESS

732-566-1419  
\*(AREA CODE) DAY TELEPHONE NUMBER

Aberdeen, NJ 07747

732-566-1419  
\*(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	499.55	499.55
2	CONTRIBUTIONS, MORE THAN \$300	-	-
2a	CURRENCY CONTRIBUTIONS	-	-
3	TOTAL (Add lines 1, 2 and 2a)	499.55	499.55
4	REFUND OF EXCESSIVE CONTRIBUTIONS (ADJUSTMENT SCHEDULE) (-)	-	-
5	SUBTOTAL (Subtract line 4 from line 3)	499.55	499.55
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	1,160.00	1,160.00
CONTRIBUTIONS (FROM THIS COMMITTEE) TO			
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	-	-
16b.	NJ LEGISLATIVE CANDIDATES/COMMITTEES	-	-
16c.	ALL OTHER CANDIDATES/COMMITTEES	-	-
17	LOAN PAYMENTS	-	-
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

## DEPOSITORY SUMMARY

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

COMMITTEE NAME: Abundeen Democratic Executive Committee

### BANK ACCOUNT INFORMATION

1 NAME OF BANK <u>Sovereign Bank</u>		(AREA CODE) TELEPHONE NUMBER	
MAILING ADDRESS <u>342 Lloyd Rd</u>			
CITY, STATE, ZIP CODE <u>MATAMoras, NJ 07747</u>			
ACCOUNT NAME <u>Abundeen Democratic Executive Committee</u>		ACCOUNT NUMBER <u>581098668</u>	
OPENING BALANCE THIS PERIOD <u>35,564.79</u>	DEPOSITS THIS PERIOD <u>499.55</u>	DISBURSEMENTS THIS PERIOD <u>1,160.00</u>	CLOSING BALANCE THIS PERIOD <u>34,904.34</u>

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	
TYPE OF ASSET <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

N/A

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)

Form with checkboxes for CURRENCY, ALL OTHER MONETARY CONTRIBUTIONS, IN-KIND CONTRIBUTIONS- EXPENDITURES MADE BY OTHERS, REIMBURSEMENTS/ REFUNDS OF DISBURSEMENTS, DIVIDENDS/ INTEREST

COMMITTEE NAME

ACCOUNT NAME and NUMBER

Form for first receipt entry with fields for CONTRIBUTOR NAME, STATE USE ONLY, CONTRIBUTOR ADDRESS, OCCUPATION, EMPLOYER NAME, DATE(S) RECEIVED THIS PERIOD, AMOUNT(S) RECEIVED THIS PERIOD, EMPLOYER ADDRESS, (CITY, STATE AND ZIP CODE), RECEIPT DESCRIPTION (if in-kind), AGGREGATE YEAR TO-DATE

Form for second receipt entry with fields for CONTRIBUTOR NAME, STATE USE ONLY, CONTRIBUTOR ADDRESS, OCCUPATION, EMPLOYER NAME, DATE(S) RECEIVED THIS PERIOD, AMOUNT(S) RECEIVED THIS PERIOD, EMPLOYER ADDRESS, (CITY, STATE AND ZIP CODE), RECEIPT DESCRIPTION (if in-kind), AGGREGATE YEAR-TO-DATE

Form for third receipt entry with fields for CONTRIBUTOR NAME, STATE USE ONLY, CONTRIBUTOR ADDRESS, OCCUPATION, EMPLOYER NAME, DATE(S) RECEIVED THIS PERIOD, AMOUNT(S) RECEIVED THIS PERIOD, EMPLOYER ADDRESS, (CITY, STATE AND ZIP CODE), RECEIPT DESCRIPTION (if in-kind), AGGREGATE YEAR TO DATE

Form for fourth receipt entry with fields for CONTRIBUTOR NAME, STATE USE ONLY, CONTRIBUTOR ADDRESS, OCCUPATION, EMPLOYER NAME, DATE(S) RECEIVED THIS PERIOD, AMOUNT(S) RECEIVED THIS PERIOD, EMPLOYER ADDRESS, (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.)

N/A

**LOANS RECEIVED** **SCHEDULE B** Page No of

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	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
EMPLOYER NAME AND ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE)				AGGREGATE YEAR-TO-DATE
1) NAME AND ADDRESS OF GUARANTOR				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

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
EMPLOYER NAME AND ADDRESS (NUMBER, STREET CITY STATE AND ZIP CODE)				AGGREGATE YEAR-TO-DATE
1) NAME AND ADDRESS OF GUARANTOR				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

1	TOTAL NEW LOANS, THIS PERIOD (Complete this line on the last page used. Carry forward to Page 2, Line 9, Column A.)	
2	TOTAL AMOUNT OF LOANS PLUS INTEREST, THIS PERIOD	
3	TOTAL LOAN PAYMENTS, THIS PERIOD (Complete this line on the last page used. Carry forward to Page 2, Line 17, Column A.)	
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.)	









N/A

**ITEMIZED EXPENDITURES MADE AND INCURRED  
ON BEHALF OF CANDIDATES AND COMMITTEES**

**SCHEDULE E** Page No.  of

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/COMMITTEES       NEW JERSEY LEGISLATIVE CANDIDATES/COMMITTEES       ALL OTHER CANDIDATES/COMMITTEES

**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		

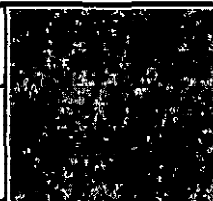
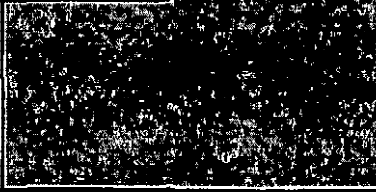
**ALLOCATION OF EXPENDITURES BENEFITING CANDIDATE(S)/COMMITTEES(S)**

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>		

N/A

**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				
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DEBT PURPOSE				
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DEBT PURPOSE				
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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 )	

N/A

<b>DEBTS AND OBLIGATIONS OWED TO COMMITTEE (Accounts Receivable)</b>		<b>SCHEDULE G</b>	<b>Page No</b> <b>of</b>	
<b>PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.</b>				
<small>USE A SEPARATE "SCHEDULE G" FOR EACH SEPARATE ACCOUNT</small>				
<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>
<small>DATE DEBT INCURRED</small>	<small>DEBT DESCRIPTION</small>			
<small>DATE DEBT INCURRED</small>	<small>DEBT DESCRIPTION</small>			
<small>DATE DEBT INCURRED</small>	<small>DEBT DESCRIPTION</small>			
<small>DATE DEBT INCURRED</small>	<small>DEBT DESCRIPTION</small>			
<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>				