

**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**

**ELEC RECEIVED  
 APR 24 2008**

**COMMITTEE NAME OR APPROVED ACRONYM**

Aberdeen Democratic Executive Committee

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

613A Lemington Plaza

**CITY, STATE and ZIP CODE**

Monroe, NJ 08831

**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 2008

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
	01/01/08		
	THROUGH		
	03/31/08		
1. CASH ON HAND, JANUARY 1, 2008			7,756 14
2. CASH ON HAND, BEGINNING OF REPORTING PERIOD		7,756.14	
3. MONETARY RECEIPTS (+)		1,773 23	1,773 23
4. SUBTOTAL		9,529 37	9,529.37
5. MONETARY EXPENDITURES (-)		725.00	725.00
6. CASH ON HAND, CLOSE OF REPORTING PERIOD		8,804.37	8,804.37

NET FINANCIAL SUMMARY		
7. CASH ON HAND, CLOSE OF REPORTING PERIOD		8,804.37
8. DEBT OWED TO COMMITTEE (+)		
9. SUBTOTAL		8,804 37
10. DEBT OWED BY COMMITTEE (-)		
11. TOTAL (Net Worth)		8,804 37

**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.

04/21/08

Robert Axelrad



DATE

PRINT NAME

SIGNATURE

613A Lemington Plaza

732-536-5756

ADDRESS

\*(AREA CODE) DAY TELEPHONE NUMBER

Monroe, NJ 08831

732-536-5756

\*(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	0 00	0.00
2	CONTRIBUTIONS, MORE THAN \$300	1,773.23	1,773.23
2a	CURRENCY CONTRIBUTIONS	-	-
3	TOTAL (Add lines 1, 2 and 2a)	1,773.23	1,773.23
4	REFUND OF EXCESSIVE CONTRIBUTIONS (ADJUSTMENT SCHEDULE) (-)	-	-
5	SUBTOTAL (Subtract line 4 from line 3)	1,773.23	1,773.23
	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)	1,773.23	1,773.23
11	IN-KIND CONTRIBUTIONS, \$300 OR LESS	-	-
12	IN-KIND CONTRIBUTIONS, MORE THAN \$300	-	-
13	GROSS RECEIPTS (Add lines 10, 11 and 12)	1,773.23	1,773.23
	<b>TABLE II EXPENDITURES</b>		
14	OPERATING DISBURSEMENTS	725.00	725.00
	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)	725.00	725.00
19	IN-KIND CONTRIBUTIONS, \$300 OR LESS	-	-
20	IN-KIND CONTRIBUTIONS, MORE THAN \$300	-	-
21	GROSS EXPENDITURES (Add lines 18 through 20)	725.00	725.00

# DEPOSITORY SUMMARY

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

**COMMITTEE NAME:** Aberdeen Democratic Executive Committee

## BANK ACCOUNT INFORMATION

1 NAME OF BANK Sovereign Bank		(AREA CODE) TELEPHONE NUMBER 732-566-2323	
MAILING ADDRESS 342 Lloyd Rd.			
CITY STATE ZIP CODE Aberdeen, NJ 07747			
ACCOUNT NAME Aberdeen Democratic Executive Committee		ACCOUNT NUMBER 581098668	
OPENING BALANCE THIS PERIOD 7,756 14	DEPOSITS THIS PERIOD 1,773.23	DISBURSEMENTS THIS PERIOD 725 00	CLOSING BALANCE THIS PERIOD 8,804 37

**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		

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 **Aberdeen Democratic Executive Committee**

ACCOUNT NAME and NUMBER **Aberdeen Democratic Executive Committee 581098669**

CONTRIBUTOR NAME <b>Aberdeen Dem Campaign 2007</b>		STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <b>7 Northland Ln</b>	
OCCUPATION <b>N/A</b>		STATE USE ONLY	(CITY STATE AND ZIP CODE) <b>Aberdeen, NJ 07747</b>	
EMPLOYER NAME <b>N/A</b>			DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)			<b>01/10/08</b>	<b>\$1,773.23</b>
(CITY STATE AND ZIP CODE)				
RECEIPT DESCRIPTION (if In kind)		AGGREGATE YEAR-TO DATE <b>\$1,773 23</b>		

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		

<b>1. SUBTOTAL (Add all receipts listed on this page.)</b>	<b>1,773.23</b>
<b>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.)</b>	<b>1,773.23</b>

<b>LOANS RECEIVED</b>		<b>SCHEDULE B</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    Aberdeen Democratic Executive Committee				
ACCOUNT NAME and NUMBER    Aberdeen Democratic Executive Committee    581098669				
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 )		



**ITEMIZED OPERATING DISBURSEMENTS**

**SCHEDULE C**

Page No 1 of 1

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

COMMITTEE NAME Aberdeen Democratic Executive Committee

ACCOUNT NAME and NUMBER Aberdeen Democratic Executive Committee 581098669

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 Committees - See Instructions concerning permissible uses of funds				
Vincent Vinci 18 Washington Ave Aberdeen, NJ 07747	Expenses	550.00	01/31/08	161
Postmaster Matawan 155 Main St Ste. 157 Matawan, NJ 07747	Permit fee	175.00	03/22/08	162
1 SUBTOTAL (Add all disbursements listed on this page )	725.00			
2 TOTAL DISBURSEMENTS, THIS PERIOD (Complete this line on the last page used Carry forward to Page 2, Line 14, Column A )	725.00			





**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:** Aberdeen Democratic Executive Committee

**ACCOUNT NAME and NUMBER:** Aberdeen Democratic Executive Committee 581098669

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	
<b>PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.</b>				
<small>USE A SEPARATE "SCHEDULE F" FOR EACH SEPARATE ACCOUNT</small>				
COMMITTEE NAME     Aberdeen Democratic Executive Committee				
ACCOUNT NAME and NUMBER     Aberdeen Democratic Executive Committee 581098669				
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				
<b>SUMMARY OF DEBTS AND OBLIGATIONS</b>				
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>			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    Aberdeen Democratic Executive Committee				
ACCOUNT NAME and NUMBER    Aberdeen Democratic Executive Committee 581098669				
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			
1    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 )				