

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
 JUL 17 2006

COMMITTEE NAME OR APPROVED ACRONYM

Aberdeen Democratic Executive Committee

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	THIS REPORT	CALENDAR YEAR-TO-DATE
	<i>04/01/06</i>		
	<i>06/30/06</i>		
1. CASH ON HAND, JANUARY 1, <u>2006</u>			<i>35,564.79</i>
2. CASH ON HAND, BEGINNING OF REPORTING PERIOD		<i>34,904.34</i>	
3. MONETARY RECEIPTS (+)		<i>3,700.00</i>	<i>4,199.55</i>
4. SUBTOTAL		<i>38,604.34</i>	<i>39,764.34</i>
5. MONETARY EXPENDITURES (-)		<i>700.00</i>	<i>1,860.00</i>
6. CASH ON HAND, CLOSE OF REPORTING PERIOD		<i>37,904.34</i>	<i>37,904.34</i>

NET FINANCIAL SUMMARY		
7. CASH ON HAND, CLOSE OF REPORTING PERIOD		<i>37,904.34</i>
8. DEBT OWED TO COMMITTEE (+)		<i>-</i>
9. SUBTOTAL		<i>37,904.34</i>
10. DEBT OWED BY COMMITTEE (-)		<i>-</i>
11. TOTAL (Net Worth)		<i>37,904.34</i>

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.

4/17/06
 DATE Robert Axelrad
 PRINT NAME
7 Northland Ln.
 ADDRESS
Aberdeen, NJ 07747

Robert Axelrad
 SIGNATURE
732-566-1419
 *(AREA CODE) DAY TELEPHONE NUMBER
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	1,200.00	1,699.55
2	CONTRIBUTIONS, MORE THAN \$300	2,500.00	2,500.00
2a	CURRENCY CONTRIBUTIONS	-	-
3	TOTAL (Add lines 1, 2 and 2a)	3,700.00	4,199.55
4	REFUND OF EXCESSIVE CONTRIBUTIONS (ADJUSTMENT SCHEDULE) (-)	-	-
5	SUBTOTAL (Subtract line 4 from line 3)	3,700.00	4,199.55
	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)	3,700.00	4,199.55
11	IN-KIND CONTRIBUTIONS, \$300 OR LESS	-	-
12	IN-KIND CONTRIBUTIONS, MORE THAN \$300	-	-
13	GROSS RECEIPTS (Add lines 10, 11 and 12)	3,700.00	4,199.55
	TABLE II EXPENDITURES		
14	OPERATING DISBURSEMENTS	700.00	1,860.00
	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)	700.00	1,860.00
19	IN-KIND CONTRIBUTIONS, \$300 OR LESS	-	-
20	IN-KIND CONTRIBUTIONS, MORE THAN \$300	-	-
21	GROSS EXPENDITURES (Add lines 18 through 20)	700.00	1,860.00

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 <u>Sovereign Bank</u>		(AREA CODE) TELEPHONE NUMBER	
MAILING ADDRESS <u>342 Lloyd Rd</u>			
CITY, STATE, ZIP CODE <u>Matawan, NJ 07747</u>			
ACCOUNT NAME <u>Aberdeen Democratic Executive Committee</u>		ACCOUNT NUMBER <u>581098668</u>	
OPENING BALANCE THIS PERIOD <u>34,904.34</u>	DEPOSITS THIS PERIOD <u>3,700.00</u>	DISBURSEMENTS THIS PERIOD <u>700.00</u>	CLOSING BALANCE THIS PERIOD <u>37,904.34</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

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 *Sovereign Bank*

CONTRIBUTOR NAME <i>David J. Samuel</i>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <i>99 Winkler Rd.</i>		
OCCUPATION <i>Professional Engineer</i>	STATE USE ONLY	(CITY STATE AND ZIP CODE) <i>Sayreville NJ 08872</i>		
EMPLOYER NAME <i>CME Associates</i>			DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET) <i>3141 Bordentown Ave</i>			<i>6/14/06</i>	<i>2,500.00</i>
(CITY STATE AND ZIP CODE) <i>Paris, NJ 08859-1162</i>				
RECEIPT DESCRIPTION (if In-kind)		AGGREGATE YEAR-TO-DATE <i>2,500.00</i>		

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		

1. SUBTOTAL (Add all receipts listed on this page.)	<i>2,500.00</i>
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.)	<i>2,500.00</i>

LOANS RECEIVED

N/A

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)	

ADJUSTMENT SCHEDULE

REFUND OF EXCESSIVE CONTRIBUTIONS

N/A

Page No of

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 DATE	CHECK NO.	PAYEE NAME AND ADDRESS	REFUNDED AMOUNT

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)

ITEMIZED OPERATING DISBURSEMENTS

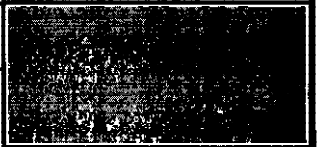
SCHEDULE C

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 *Sovereign 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 Committees - See Instructions concerning permissible uses of funds				
<i>Vincent Vinci 18 Washington Ave Aberdeen, NJ 07747</i>	<i>Expenses</i>	<i>500.00</i>	<i>4/17/06</i>	<i>133</i>
<i>St Marks AME Church 218 Pelawave Ave Cliffwood, NJ 07721</i>	<i>Tickets to Dinner Dance</i>	<i>200.00</i>	<i>6/10/06</i>	<i>134</i>
1 SUBTOTAL (Add all disbursements listed on this page)		<i>700.00</i>		
2 TOTAL DISBURSEMENTS, THIS PERIOD (Complete this line on the last page used Carry forward to Page 2, Line 14, Column A)		<i>700.00</i>		

N/A

ITEMIZED MONETARY CONTRIBUTIONS MADE TO CANDIDATES AND COMMITTEES

SCHEDULE D

Page No of

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 CANDIDATES/COMMITTEES

COMMITTEE NAME

ACCOUNT NAME and NUMBER

RECIPIENT NAME, ADDRESS (Number and Street, City, State, Zip Code)	ELECTION DATE	CHECK		AMOUNT OF EACH CONTRIBUTION
	DISTRICT OR COUNTY OR MUNICIPALITY	NO(S)	DATE(S)	

1 SUBTOTAL (Add all contributions made to each recipient type listed on this page)

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)

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

<input type="checkbox"/> NEW JERSEY GUBERNATORIAL CANDIDATES/COMMITTEES	<input type="checkbox"/> NEW JERSEY LEGISLATIVE CANDIDATES/COMMITTEES	<input type="checkbox"/> ALL OTHER CANDIDATES/COMMITTEES
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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

1. SUBTOTAL (Add all disbursements made to each recipient type listed on this page.)		
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.)		
3. SUBTOTAL (Add all outstanding obligations incurred/ not paid, listed on this page.)		
4. TOTAL OUTSTANDING OBLIGATIONS INCURRED/ NOT PAID (Complete this line on the last page used. Carry back to Page 10, "Schedule F," Line 2.)		

N/A

DEBTS AND OBLIGATIONS OWED BY COMMITTEE	SCHEDULE F	PAGE No of
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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
<small>DEBT PURPOSE</small>				

<small>DEBT PURPOSE</small>				

<small>DEBT PURPOSE</small>				

<small>DEBT PURPOSE</small>				

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

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

COMMITTEE NAME

ACCOUNT NAME and NUMBER

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 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)	