

<b>RECEIPTS AND EXPENDITURES QUARTERLY REPORT</b> 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 <a href="http://www.elec.state.nj.us/">http://www.elec.state.nj.us/</a>		<b>FOR STATE USE ONLY</b>  <div style="font-size: 1.2em; font-weight: bold; text-align: center;">             ELEC RECEIVED              NOV 04 2009           </div>
COMMITTEE NAME OR APPROVED ACRONYM <p style="text-align: center;">Aberdeen Democratic Executive Committee</p>		
ADDRESS (number and street) <input type="checkbox"/> CHECK IF DIFFERENT THAN PREVIOUSLY REPORTED <p style="text-align: center;">136 Idlebrook Ln</p>		
CITY, STATE and ZIP CODE <p style="text-align: center;">Aberdeen, NJ 07747</p>		ELEC IDENTIFICATION NUMBER
COMMITTEE TYPE <input type="checkbox"/> CPC <input checked="" type="checkbox"/> PPC <input type="checkbox"/> LLC	CHECK IF <input checked="" type="checkbox"/> AMENDMENT <input type="checkbox"/> FIRST REPORT FILED	REPORT QUARTER <input type="checkbox"/> APR 15 <input type="checkbox"/> JUL 15 <input checked="" type="checkbox"/> OCT 15 <input type="checkbox"/> JAN 15 YEAR <u>2009</u>

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
	07/01/09	09/30/09	CALENDAR YEAR-TO-DATE
1. CASH ON HAND, JANUARY 1, <u>2009</u>			11,219 37
2. CASH ON HAND, BEGINNING OF REPORTING PERIOD			11,019.37
3. MONETARY RECEIPTS (+)			580 00
4. SUBTOTAL			11,599 37
5. MONETARY EXPENDITURES (-)			8,848 71
6. CASH ON HAND, CLOSE OF REPORTING PERIOD			2,750 66

NET FINANCIAL SUMMARY		COLUMN A	COLUMN B
7. CASH ON HAND, CLOSE OF REPORTING PERIOD			2,750 66
8. DEBT OWED TO COMMITTEE (+)			
9. SUBTOTAL			2,750.66
10. DEBT OWED BY COMMITTEE (-)			
11. TOTAL (Net Worth)			2,750 66

TREASURER'S CERTIFICATION	
<p>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.</p>	
10/23/09      David G. Sobel	SIGNATURE
DATE      PRINT NAME	732-208-3792
65 Overlea Lane	*(AREA CODE) DAY TELEPHONE NUMBER
ADDRESS	732-208-3792
Aberdeen, NJ	*(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	400 00	400.00
2	CONTRIBUTIONS, MORE THAN \$300		
2a	CURRENCY CONTRIBUTIONS	-	-
3	TOTAL (Add lines 1, 2 and 2a)	400 00	400 00
4	REFUND OF EXCESSIVE CONTRIBUTIONS (ADJUSTMENT SCHEDULE) (-)	-	-
5	SUBTOTAL (Subtract line 4 from line 3)	400 00	400 00
	OTHER RECEIPTS		
6	REIMBURSEMENTS/REFUNDS	180 00	180 00
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)	580 00	580 00
11	IN-KIND CONTRIBUTIONS, \$300 OR LESS	-	-
12	IN-KIND CONTRIBUTIONS, MORE THAN \$300	-	-
13	GROSS RECEIPTS (Add lines 10, 11 and 12)	580.00	580.00
	TABLE II EXPENDITURES		
14	OPERATING DISBURSEMENTS	164 16	364 16
	CONTRIBUTIONS (FROM THIS COMMITTEE) TO		
15a	NJ GUBERNATORIAL CANDIDATES/COMMITTEES	-	-
15b	NJ LEGISLATIVE CANDIDATES/COMMITTEES	-	-
15c	ALL OTHER CANDIDATES/COMMITTEES	8,000 00	8,000.00
	EXPENDITURES MADE ON BEHALF OF		
16a	NJ GUBERNATORIAL CANDIDATES/COMMITTEES	-	-
16b	NJ LEGISLATIVE CANDIDATES/COMMITTEES	-	-
16c	ALL OTHER CANDIDATES/COMMITTEES	684.55	684 55
17	LOAN PAYMENTS	-	-
18	TOTAL MONETARY EXPENDITURES (Add lines 14 through 17)	8,848 71	9,048 71
19	IN-KIND CONTRIBUTIONS, \$300 OR LESS	-	-
20	IN-KIND CONTRIBUTIONS, MORE THAN \$300	-	-
21	GROSS EXPENDITURES (Add lines 18 through 20)	8,848 71	9,048 71

**ITEMIZED RECEIPTS (Other than Loans)**

**SCHEDULE A** Page No **1** of **1**

**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 581095367**

CONTRIBUTOR NAME <b>Matawan Postmaster</b>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <b>155 Main St</b>
OCCUPATION	STATE USE ONLY	(CITY STATE AND ZIP CODE) <b>Matawan, NJ 07747</b>
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD <b>09/30/09</b>
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD <b>180 00</b>
(CITY STATE AND ZIP CODE)		
RECEIPT DESCRIPTION (If In kind)	AGGREGATE YEAR TO DATE <b>180 00</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
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(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
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(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
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(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>180 00</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>180 00</b>