FORM R-3

RECEIPTS AND EXPENDITURES QUARTERLY REPORT

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION
P.O. BOX 185, TRENTON, NJ 08625-0185
PLEASE TYPE OR PRINT.

FOR STATE USE ONLY

ELEC RECEIVED
JAN 17 2002

COMMITTEE NAME OR APPROVED ACRONYM
Voorhees Republican Club

ADDRESS (number and street) ☐ CHECK IF DIFFERENT THAN PREVIOUSLY REPORTED
2 Farm House La.

CITY, STATE and ZIP CODE
Voorhees NJ 08043

ELEC IDENTIFICATION NUMBER
K04340012Q2001

COMMITTEE TYPE
☒ CPC ☐ PPC ☐ ULC

CHECK IF:
☐ AMENDMENT
☒ FIRST REPORT FILED

REPORT QUARTER
☐ APR 15 ☐ JUL 15 ☐ OCT 15 ☒ JAN 15
YEAR 2002

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 10/1/01 THROUGH 12/30/01		THIS REPORT	CALENDAR YEAR-TO-DATE
1. CASH ON HAND, JANUARY 1, 2001			23,746.91
2. CASH ON HAND, BEGINNING OF REPORTING PERIOD		13,712.52	
3. MONETARY RECEIPTS	(+)	0	3,100.00
4. SUBTOTAL		13,712.52	26,846.91
5. MONETARY EXPENDITURES	(-)	5,556.51	18,690.90
6. CASH ON HAND, CLOSE OF REPORTING PERIOD		8,156.01	8,156.01

NET FINANCIAL SUMMARY		
7. CASH ON HAND, CLOSE OF REPORTING PERIOD		8,156.01
8. DEBT OWED TO COMMITTEE	(+)	0
9. SUBTOTAL		8,156.01
10. DEBT OWED BY COMMITTEE	(-)	0
11. TOTAL (Net Worth)		8,156.01

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.

1/12/02
DATE

Thomas J. Hanney
PRINT NAME

2 Farmhouse La.
ADDRESS

Voorhees, NJ 08043

Thomas J. Hanney
SIGNATURE

856 783 6078
(AREA CODE) DAY TELEPHONE NUMBER

(same)
(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, $400 OR LESS	0	100.
2.		CONTRIBUTIONS, MORE THAN $400	0	3000.
3.		TOTAL (Add lines 1 and 2)	0	3100.
4.		REFUND OF EXCESSIVE CONTRIBUTIONS (ADJUSTMENT SCHEDULE) (-)	0	0
5.		SUBTOTAL (Subtract line 4 from line 3)	0	3100.
		OTHER RECEIPTS	0	0
6.		REIMBURSEMENTS/REFUNDS	0	0
7.		DIVIDENDS/INTEREST	0	0
8.		LOANS RECEIVED BY COMMITTEE, $400 OR LESS	0	0
9.		LOANS RECEIVED BY COMMITTEE, MORE THAN $400	0	0
10.		TOTAL MONETARY RECEIPTS (Add lines 5 through 9)	0	3100.
11.		IN-KIND CONTRIBUTIONS, $400 OR LESS	0	0
12.		IN-KIND CONTRIBUTIONS, MORE THAN $400	0	0
13.		GROSS RECEIPTS (Add lines 10, 11 and 12)	0	#3100.
		TABLE II EXPENDITURES		
14.		OPERATING DISBURSEMENTS	5556.51	13690.90
		CONTRIBUTIONS (FROM THIS COMMITTEE) TO:		
15.	a.	NJ GUBERNATORIAL CANDIDATES/COMMITTEES	0	0
	b.	NJ LEGISLATIVE CANDIDATES/COMMITTEES	0	0
	c.	ALL OTHER CANDIDATES/COMMITTEES	0	5,000
		EXPENDITURES MADE ON BEHALF OF:		
16.	a.	NJ GUBERNATORIAL CANDIDATES/COMMITTEES	0	
	b.	NJ LEGISLATIVE CANDIDATES/COMMITTEES	0	
	c.	ALL OTHER CANDIDATES/COMMITTEES	0	
17.		LOAN PAYMENTS	0	
18.		TOTAL MONETARY EXPENDITURES (Add lines 14 through 17)	5556.51	18,690.90
19.		IN-KIND CONTRIBUTIONS, $400 OR LESS	0	0
20.		IN-KIND CONTRIBUTIONS, MORE THAN $400	0	0
21.		GROSS EXPENDITURES (Add lines 18 through 20)	5556.51	18,690.90

DEPOSITORY SUMMARY

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

COMMITTEE NAME: Voorhees Republican Club

BANK ACCOUNT INFORMATION

1. NAME OF BANK: Commerce Bank | (AREA CODE) TELEPHONE NUMBER:

MAILING ADDRESS: 1701 RT. 70 EAST

CITY, STATE, ZIP CODE: Cherry Hill, NJ 08034-5400

ACCOUNT NAME: Voorhees Republican Club | ACCOUNT NUMBER: 0065011118

OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD	DISBURSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD
$13,712.52	0	$5556.51	$8,156.01

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):

- ☐ Investment Institution Money Market Account
- ☐ Certificate of Deposit (C.D.)
- ☐ Mutual Fund Account
- ☐ Other (please specify)
- ☐ Bonds
- ☐ Stocks
- ☐ Real Property

NONE

For each item checked ("X") above (other than real property), please complete the following information. If real property is held, contact the Commission.

1. NAME OF DEPOSITORY OR ISSUER | (AREA CODE) TELEPHONE NUMBER

MAILING ADDRESS

CITY, STATE, ZIP CODE

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

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.)

☐ MONETARY CONTRIBUTIONS ☐ IN-KIND CONTRIBUTIONS-EXPENDITURES MADE BY OTHERS ☐ REIMBURSEMENTS, REFUNDS OF DISBURSEMENTS ☐ DIVIDENDS/ INTEREST

COMMITTEE NAME: NONE

ACCOUNT NAME and NUMBER: NONE

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		

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.)	
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.)	

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:

NONE

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 INT. REST	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

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: NONE

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.	of

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

COMMITTEE NAME:

ACCOUNT NAME and NUMBER:

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.				
Cynthia L. Dillon Voorhees NJ 08043	Stamps & Printing	$78.42	10/1/01	1258
Cynthia L. Dillon Elect. Fund 2 Farmhouse La. Voorhees NJ	Campaign Fund Contribution	$5000.00	10/9/01	1259
Cynthia L. Dillon Elect. Fund 2 Farmhouse La. Voorhees NJ	Campaign Fund Contribution	$304.22	11/15/01	1261
All in A Basket 10 Wispering Pine La. Voorhees, NJ. 08043	Flower Basket For Summerville Retirement Home	$42.40	12/16/01	1262
Gary Finger Voorhees NJ 08043	Lunch For Twp. Employees	$195.50	12/16/01	1263
Cynthia Dillon Voorhees NJ 08043	Coffee & Donuts For Nov. & Dec. Meetings	$35.97	12/16/01	1264
1. SUBTOTAL (Add all disbursements listed on this page.)		$5556.51		
2. TOTAL DISBURSEMENTS. THIS PERIOD (Complete this line on the last page used. Carry forward to Page 2, Line 14, Column A.)		$5556.51		

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 DISTRICT OR COUNTY OR MUNICIPALITY	CHECK NO(S).	CHECK DATE(S)	AMOUNT OF EACH CONTRIBUTION
Cynthia L. Dillon Elec. Fund 2 Farm House La. Voorhees NJ 08043	Voorhees	1259	10/9/01	$ 5000.
Cynthia L. Dillon Elec Fund	Voorhees	1261	11/15/01	$ 304.22
1. SUBTOTAL (Add all contributions made to each recipient type listed on this page.)				$ 5304.22
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.)				$ 5304.22

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

COMMITTER NAME: NONE

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.)		

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: NONE

CREDITOR NAME AND ADDRESS (Number, Street, City, State and Zip Code)	OUTSTANDING BEGINNING BALANCE THIS PERIOD	AMOUNT INCURRED THIS PERIOD	PAYMENTS THIS PERIOD	OUTSTANDING BALANCE THIS PERIOD
DEBT PURPOSE				
DEBT PURPOSE				
DEBT PURPOSE				
DEBT PURPOSE				

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.)	

DEBTS AND OBLIGATIONS OWED TO COMMITTEE (Accounts Receivable)

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:

ACCOUNT NAME and NUMBER: NONE

DEBTOR NAME AND ADDRESS (Number, Street, City, State and Zip Code)	DATE DEBT INCURRED	DEBT DESCRIPTION	BALANCE DUE AT BEGINNING OF THIS PERIOD	NEW AMOUNT THIS PERIOD	TOTAL AMOUNT RECEIVED THIS PERIOD	BALANCE DUE AT CLOSE OF THIS PERIOD
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.)						