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
APR 11 2002

COMMITTEE NAME OR APPROVED ACRONYM
Voorlees Republican Club

ADDRESS (number and street) ☐ CHECK IF DIFFERENT THAN PREVIOUSLY REPORTED
2 Farmhouse La,

CITY, STATE and ZIP CODE
Voorlees NJ 08043

ELEC IDENTIFICATION NUMBER
K04340001229.2002

COMMITTEE TYPE
☒ CPC ☐ PPC ☐ LLC

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 1/1/02 THROUGH 3/31/02		THIS REPORT	CALENDAR YEAR-TO-DATE
1. CASH ON HAND, JANUARY 1, 2002			8,156.01
2. CASH ON HAND, BEGINNING OF REPORTING PERIOD		8,156.01	
3. MONETARY RECEIPTS	(+)	0	0
4. SUBTOTAL		8,156.01	8,156.01
5. MONETARY EXPENDITURES	(-)	1,969.58	1,969.58
6. CASH ON HAND, CLOSE OF REPORTING PERIOD		6,186.43	6,186.43

NET FINANCIAL SUMMARY		
7. CASH ON HAND, CLOSE OF REPORTING PERIOD		6,186.43
8. DEBT OWED TO COMMITTEE	(+)	0
9. SUBTOTAL		6,186.43
10. DEBT OWED BY COMMITTEE	(-)	0
11. TOTAL (Net Worth)		6,186.43

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.

4/6/02 — DATE
Thomas J. Hanney — PRINT NAME
2 Farmhouse La — ADDRESS
Voorlees 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	0
2.		CONTRIBUTIONS, MORE THAN $400	0	0
3.		TOTAL (Add lines 1 and 2)	0	0
4.		REFUND OF EXCESSIVE CONTRIBUTIONS (-) (ADJUSTMENT SCHEDULE)	0	0
5.		SUBTOTAL (Subtract line 4 from line 3)	0	0
		OTHER RECEIPTS		
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	0
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	0
		TABLE II EXPENDITURES		
14.		OPERATING DISBURSEMENTS	1,969.58	1,969.58
		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	0
		EXPENDITURES MADE ON BEHALF OF:		
16.	a.	NJ GUBERNATORIAL CANDIDATES/COMMITTEES	0	0
	b.	NJ LEGISLATIVE CANDIDATES/COMMITTEES	0	0
	c.	ALL OTHER CANDIDATES/COMMITTEES	0	0
17.		LOAN PAYMENTS	0	0
18.		TOTAL MONETARY EXPENDITURES (Add lines 14 through 17)	1,969.58	1,969.58
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)	1,969.58	1,969.58

DEPOSITORY SUMMARY

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

COMMITTEE NAME:

BANK ACCOUNT INFORMATION

1. 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

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

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

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:

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.)	0

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 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.)	0

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:

ACCOUNT NAME and NUMBER: NONE

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.)			0

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: Voorhees Republican Club

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.				
Journal Newspapers Berlin NJ	Voices of Voorhees Public Interest Articles	$489.00	2/3/02	1265
Journal Newspapers Berlin NJ	11	$489.00	2/24/02	1266
Mr Gary Finger 62 Acadia Dr Voorhees NJ 08043	Postage	$219.42	2/20/02	1267
Country Club Diner RT 561 Voorhees NJ 08043	Meeting Coffee	$13.00	3/19/02	1268
Journal Newspapers Berlin NJ	Voices of Voorhees Public Interest Articles	$489.00	3/28/02	1269
VSGA (Voorhees Soccer Asso) Voorhees NJ	Athletic Field Sign	$250.00	3/28/02	1270
Cynthia Dillon Voorhees NJ 08043	Donuts & Coffee For Meeting	$20.16	3/28/02	1271
1. SUBTOTAL (Add all disbursements listed on this page.)		1,969.58		
2. TOTAL DISBURSEMENTS, THIS PERIOD (Complete this line on the last page used. Carry forward to Page 2, Line 14, Column A.)		1,969.58		

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: NONE

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
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.)				0

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: NONE

ACCOUNT NAME and NUMBER:

PAYEE NAME, ADDRESS (Number, Street, City, State and Zip Code)	PURPOSE	AMOUNT(S) THIS PERIOD: INCURRED/NOT PAID	AMOUNT(S) THIS PERIOD: DISBURSED	TRANSACTION DATE(S)	CHECK NO(S)

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: INCURRED/NOT PAID	AMOUNT(S) THIS PERIOD: DISBURSED	TRANSACTION DATE(S)	CHECK NO(S)

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.)**	0	
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.)**	0	
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) / DEBT PURPOSE	OUTSTANDING BEGINNING BALANCE THIS PERIOD	AMOUNT INCURRED THIS PERIOD	PAYMENTS THIS PERIOD	OUTSTANDING BALANCE THIS PERIOD

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.)	0

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.)						0
2. TOTAL DEBTS AND OBLIGATIONS OWED TO COMMITTEE (Complete this line on the last page used. Carry forward to front page, Line 8.)						0