

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 <div style="text-align: center;"> OCT 18 2002 ELEC RECEIVED </div>
COMMITTEE NAME OR APPROVED ACRONYM <u>Voorhees Republican Club</u>		ELEC IDENTIFICATION NUMBER <u>K0434 000122 Q 2002</u>
ADDRESS (number and street) <input type="checkbox"/> CHECK IF DIFFERENT THAN PREVIOUSLY REPORTED <u>2 Farmhouse La.</u>		
CITY, STATE and ZIP CODE <u>Voorhees, NJ 08043</u>		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>2002</u>
COMMITTEE TYPE <input checked="" type="checkbox"/> CPC <input type="checkbox"/> PPC <input type="checkbox"/> LLC	CHECK IF: <input type="checkbox"/> AMENDMENT <input checked="" type="checkbox"/> FIRST REPORT FILED	

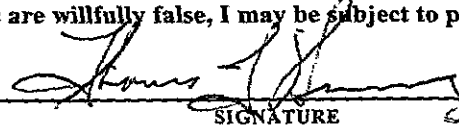
Do not attempt to complete the "Depository Information" or the "Net Financial Summary" until the appropriate schedules have been completed.

DEPOSITORY INFORMATION			COLUMN A	COLUMN B
PERIOD COVERED	FROM	THROUGH	THIS REPORT	CALENDAR YEAR-TO-DATE
1. CASH ON HAND, JANUARY 1, <u>2002</u>	<u>7/1/02</u>	<u>6/30/02</u>		<u>8,156.01</u>
2. CASH ON HAND, BEGINNING OF REPORTING PERIOD			<u>5,662.43</u>	
3. MONETARY RECEIPTS (+)			<u>0</u>	<u>0</u>
4. SUBTOTAL			<u>5,662.43</u>	<u>8,156.01</u>
5. MONETARY EXPENDITURES (-)			<u>926.83</u>	<u>3,420.41</u>
6. CASH ON HAND, CLOSE OF REPORTING PERIOD			<u>4,735.60</u>	<u>4,735.60</u>

NET FINANCIAL SUMMARY	
7. CASH ON HAND, CLOSE OF REPORTING PERIOD	<u>4,735.60</u>
8. DEBT OWED TO COMMITTEE (+)	<u>0</u>
9. SUBTOTAL	<u>4,735.60</u>
10. DEBT OWED BY COMMITTEE (-)	<u>0</u>
11. TOTAL (Net Worth)	<u>4,735.60</u>

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.

DATE <u>10/12/02</u>	PRINT NAME <u>THOMAS J. HANNITY</u>	SIGNATURE 
	ADDRESS <u>2 FARMHOUSE LA.</u>	*(AREA CODE) DAY TELEPHONE NUMBER <u>856 783 6078</u>
	<u>Voorhees NJ 08043</u>	*(AREA CODE) EVENING TELEPHONE NUMBER <u>(same)</u>

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	926.83	3420.41
		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)	926.83	3420.41
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)	926.83	3420.41

DEPOSITORY SUMMARY

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

COMMITTEE NAME:

Voortees 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

CLERAY HILL NJ 08034-5400

ACCOUNT NAME

Voortees Republican Club

ACCOUNT NUMBER

006501118

OPENING BALANCE THIS PERIOD

5662.43

DEPOSITS THIS PERIOD

0

DISBURSEMENTS THIS PERIOD

926.83

CLOSING BALANCE THIS PERIOD

4735.60

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

☐

Bonds

☐

Certificate of Deposit (C.D.)

☐

Stocks

☐

Mutual Fund Account

☐

Real Property

☐

Other (please specify) _____

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.) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> MONETARY CONTRIBUTIONS </div> <div> <input type="checkbox"/> IN-KIND CONTRIBUTIONS EXPENDITURES MADE BY OTHERS </div> <div> <input type="checkbox"/> REIMBURSEMENTS/ REFUNDS OF DISBURSEMENTS </div> <div> <input type="checkbox"/> DIVIDENDS/ INTEREST </div> </div>			
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.)			

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: NONE					
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.)					

REFUND OF EXCESSIVE CONTRIBUTIONS

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

COMMITTEE NAME:

ACCOUNT NAME and NUMBER:

PAYMENT
DATE

PAYEE NAME AND ADDRESS

**REFUNDED
AMOUNT**

FORM R-3

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.					
Dominik's Pizza RT 73 Voorhees NJ	Lunches For Primary Workers	\$320.00	7/2/02	1274	
Tom Hannev 2 Farm House LA Voorhees NJ 08043	STamps & Copies	\$10.83	7/8/02	1275	
EASTERN High School Band Aids Voorhees NJ	BAND Year Book Ad	\$75.00	9/10/02	1276	
U.S. Post Office Voorhees NJ	P.O. Box 80 PAYMENT	\$38.00	9/24/02	1277	
Camden County Treasures Camden NJ	Voter Registration List	\$65.00	9/27/02	1278	
TTMS Printing Voorhees NJ	Mailing Reception Invitations	\$418.00	9/27/02	1279	
1. SUBTOTAL (Add all disbursements listed on this page.)		\$926.83			
2. TOTAL DISBURSEMENTS, THIS PERIOD (Complete this line on the last page used. Carry forward to Page 2, Line 14, Column A.)		\$926.83			

SCHEDULE D	Page No.	of
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NEW JERSEY GUBERNATORIAL CANDIDATES/COMMITTEES

NEW JERSEY LEGISLATIVE CANDIDATES/COMMITTEES

☐ ALL OTHER CANDIDATES/COMMITTEES

DATE/COMMITTEE

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)	

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.)

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:

ACCOUNT NAME and NUMBER:

NONE

PAYEE NAME, ADDRESS

(Number, Street, City, State and Zip Code)

PURPOSE

AMOUNT(S) THIS PERIOD

TRANSACTION

CHECK

INCURRED/NOT PAID

DISBURSED

DATE(S)

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

TRANSACTION

CHECK

INCURRED/NOT PAID

DISBURSED

DATE(S)

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.)

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: NONE				
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
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: NONE					
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.)					