



# 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)

www.elec.state.nj.us

FORM R-3

FOR STATE USE ONLY

ELEC RECEIVED

JAN - 9 2017

PLEASE TYPE OR PRINT

Committee Name or Approved Acronym

P.R.G.

Address (Number and Street) ☐ Check if different than previously reported

28 Stream Bank Drive

City, State, Zip Code

Freehold NJ 07728

ELEC Identification Number

K300001222 Q2016

Committee Type

☒ CPC ☐ PPC ☐ LLC

Check if:

☐ Amendment ☒ First Report Filed

Report Quarter

☐ Apr 15 ☐ Jul 15 ☐ Oct 15 ☐ Jan 15 Year 2016

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

## DEPOSITORY INFORMATION

Period Covered	From	Through	Column A	Column B
			This Report	Calendar Year-to-Date
1. Cash on Hand, January 1, 2016				7420.74
2. Cash on Hand, Beginning of Reporting Period			7420.74	
3. Monetary Receipts		(+)	28490.00	35910.74
4. Subtotal			35910.74	35910.74
5. Monetary Expenditures		(-)	17636.05	17636.05
6. Cash on Hand, Close of Reporting Period			18274.69	18274.69

## NET FINANCIAL SUMMARY

7. Cash on Hand, Close of Reporting Period		18274.69
8. Debt owed to Committee	(+)	—
9. Subtotal		18274.69
10. Debt Owed by Committee	(-)	—
11. Total (Net Worth)		18274.69

## TREASURER 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.

12/31/16

DATE

Renee Wikastro

PRINT NAME

Renee Wikastro

SIGNATURE

28 Stream Bank Dr.

ADDRESS

Freehold NJ 07728

(AREA CODE) DAY TELEPHONE NUMBER

(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	5440.00	5440.00
2. Contributions, more than \$300 (Schedule A)	23050.00	23050.00
2a. Currency Contributions (Schedule A)	—	—
3. Total (Add lines 1, 2 and 2a)	28490.00	28490.00
4. Refund of Contributions (Adjustment Schedule) (-)	—	—
5. Subtotal (Subtract line 4 from line 3)	28490.00	28490.00
Other Receipts		
6. Reimbursements/Refunds (Schedule A)	—	—
7. Dividends/Interest (Schedule A)	—	—
8. Loans Received by Committee, \$300 or Less	—	—
9. Loans Received by Committee more than \$300 and all Currency Loans (Schedule B)	—	—
10. Total Monetary Receipts (Add lines 5 through 9)	28490.00	28490.00
11. In-kind Contributions, \$300 or less	—	—
12. In-kind Contributions, more than \$300 (Schedule A)	—	—
13. Gross Receipts (Add lines 10, 11 and 12)	28490.00	28490.00
TABLE II EXPENDITURES		
14. Operating Disbursement (Schedule C)	959.91	959.91
Contributions (from the Committee) to:		
15a. NJ Gubernatorial Candidates/Committees (Schedule D)	—	—
15b. NJ Legislative Candidates/Committees (Schedule D)	—	—
15c. All other Candidates/Committees (Schedule D)	15500.00	15500.00
Expenditures Made on Behalf of:		
16a. NJ Gubernatorial Candidates/Committees (Schedule E)	—	—
16b. NJ Legislative Candidates/Committees (Schedule E)	—	—
16c. All other Candidates/Committees (Schedule E)	1176.14	1176.14
16d. Independent Expenditures (Schedule E)	—	—
17. Loan Payments (Schedule B)	—	—
18. Total Monetary Expenditures (Add lines 14 through 17)	17636.05	17636.05
19. In-kind contributions, \$300 or Less (Table I, Line 11)	—	—
20. In-kind contributions, more than \$300 (Table I, Line 12)	—	—
21. Gross Expenditures (Add lines 18 through 20)	17636.05	17636.05

**DEPOSITORY SUMMARY - PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.**

Committee Name: P.R.G.

**BANK ACCOUNT INFORMATION**

1. Name of Bank PNC Bank (Area Code) Telephone Number

Mailing Address 650 US 9 South

City, State, Zip Code Freehold NJ 07728

Account Name Promoting Responsible Government

Opening Balance this Period <u>1400.74</u>	Deposits this Period <u>2840.00</u>	Disbursements this Period <u>17626.05</u>	Closing Balance this Period <u>18574.16</u>
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If the committee has more than one bank account within the same bank, the name(s) of the additional account(s) must be provided.

Account Name

Opening Balance this Period	Deposits this Period	Disbursements this Period	Closing Balance this Period
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2. Name of Bank (Area Code) Telephone Number

Mailing Address

City, State, Zip Code

Account Name

Opening Balance this Period	Deposits this Period	Disbursements this Period	Closing Balance this Period
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If the committee has more than one bank account within the same bank, the name(s) of the additional account(s) must be provided.

Account Name

Opening Balance this Period	Deposits this Period	Disbursements this Period	Closing Balance this Period
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**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

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
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**SUPPLEMENTAL CONTRIBUTOR INFORMATION****FORM C-3****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****CONTRIBUTIONS REPORT TYPE (CHECK ONE)**☒ Committee filing "Sworn Statement," Form A-3, and receiving a contribution in excess of \$300 in the aggregate from one source, or currency (cash) contributions in any amount.☐ Committee receiving a contribution in excess of \$1,400 in the aggregate from one source between the closing date of the last quarterly report through the date of an election in which the committee is contributing or otherwise participating (48-Hour Notice).

Amendment?

☐ Yes ☒ No**REPORT QUARTER**☐ APRIL 15 ☐ JULY 15 ☐ OCTOBER 15 ☒ JANUARY 15**ELEC Identification Number**

L1300001222 Q2016

**SECTION I. PLEASE TYPE OR PRINT**☐ "X" If address is different from address previously reported

Full Committee Name, Address (Number and Street, City, State, Zip Code)

Promoting Responsible Government  
85 Street Bank Drive  
Freehold, NJ 07738**SECTION II. CONTRIBUTION INFORMATION (Receipt Types: A = Currency or Check; B = In-Kind; C = Loan)**

Full Name, Address (Number and Street, City, State, Zip Code)

Date(s) Received

Amount(s) Received  
This PeriodArcher + Greiner PC.  
Attorneys at Law  
Riverside Plaza  
10 Highway 25  
Red Bank, NJ 07071

3/31/16

\$800.00

Receipt Type

A

Description, if In-Kind Contribution

Aggregate Year to Date

Occupation (If Individual)

Employer Name, Address (If Individual)

Full Name, Address (Number and Street, City, State, Zip Code)

Date(s) Received

Amount(s) Received  
This Period

Receipt Type

Description, if In-Kind Contribution

Aggregate Year to Date

Occupation (If Individual)

Employer Name, Address (If Individual)

Full Name, Address (Number and Street, City, State, Zip Code)

Date(s) Received

Amount(s) Received  
This Period

Receipt Type

Description, if In-Kind Contribution

Aggregate Year to Date

Occupation (If Individual)

Employer Name, Address (If Individual)

(COMPLETE THIS LINE FOR EVERY PAGE USED)

TOTAL, THIS PAGE

\$ 800.00

(COMPLETE THIS LINE FOR LAST PAGE USED)

GRAND TOTAL

\$ 800.00

Treasurer Signature

Renée Meastro

Date

5/12/16



# SUPPLEMENTAL CONTRIBUTOR INFORMATION

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- ☐ Committee receiving a contribution in excess of \$1,400 in the aggregate from one source between the closing date of the last quarterly report through the date of an election in which the committee is contributing or otherwise participating (48-Hour Notice).

Amendment?

☐ Yes ☒ No

## REPORT QUARTER

☐ APRIL 15 ☐ JULY 15 ☒ OCTOBER 15 ☐ JANUARY 15

ELEC Identification Number

113000001222

## SECTION I. PLEASE TYPE OR PRINT

☐ "X" If address is different from address previously reported

Full Committee Name, Address (Number and Street, City, State, Zip Code)

Promoting Responsible Government  
23 Street Bank Drive  
Freehold NJ 07728

## SECTION II. CONTRIBUTION INFORMATION (Receipt Types: A = Currency or Check; B = In-Kind; C = Loan)

Full Name, Address (Number and Street, City, State, Zip Code)

Election Fund of Assemblyman Dave Robt  
P.O. Box 1384  
Wall NJ 07719

Date(s) Received

9/21/16

Amount(s) Received This Period

\$1500-

Receipt Type

A

Description, if In-Kind Contribution

Aggregate Year to Date

\$1500-

Occupation (If Individual)

Assemblyman

Employer Name, Address (If Individual)

Full Name, Address (Number and Street, City, State, Zip Code)

French + Darrelio Associates  
1800 Rt. 34 Ste 101  
Wall NJ 07719

Date(s) Received

8/31/16

Amount(s) Received This Period

\$600-

Receipt Type

A

Description, if In-Kind Contribution

Aggregate Year to Date

\$600-

Occupation (If Individual)

Engineers

Employer Name, Address (If Individual)

Full Name, Address (Number and Street, City, State, Zip Code)

T + M  
P.O. Box 828  
Red Bank, NJ 07701

Date(s) Received

8/30/16

Amount(s) Received This Period

\$450-

Receipt Type

A

Description, if In-Kind Contribution

Aggregate Year to Date

\$450-

Occupation (If Individual)

Employer Name, Address (If Individual)

(COMPLETE THIS LINE FOR EVERY PAGE USED)

TOTAL, THIS PAGE

\$3550.00

(COMPLETE THIS LINE FOR LAST PAGE USED)

GRAND TOTAL

\$

Treasurer Signature

Don O. Theodoro

Date

10/19/16



# SUPPLEMENTAL CONTRIBUTOR INFORMATION

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FORM C-3

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## CONTRIBUTIONS REPORT TYPE (CHECK ONE)

- ☒ Committee filing "Sworn Statement," Form A-3, and receiving a contribution in excess of \$300 in the aggregate from one source, or currency (cash) contributions in any amount.
- ☐ Committee receiving a contribution in excess of \$1,400 in the aggregate from one source between the closing date of the last quarterly report through the date of an election in which the committee is contributing or otherwise participating (48-Hour Notice).

Amendment?

☐ Yes ☒ No

## REPORT QUARTER

☐ APRIL 15 ☐ JULY 15 ☒ OCTOBER 15 ☐ JANUARY 15

ELEC Identification Number

11300001222

## SECTION I. PLEASE TYPE OR PRINT

☐ "X" If address is different from address previously reported

Full Committee Name, Address (Number and Street, City, State, Zip Code)

~~2000~~ **Haunting Responsible Government**  
28 ~~Steady~~ Park Drive  
Freehold NJ 07728

## SECTION II. CONTRIBUTION INFORMATION (Receipt Types: A = Currency or Check; B = In-Kind; C = Loan)

Full Name, Address (Number and Street, City, State, Zip Code)

**Waser Consulting**  
331 ~~Lawson~~ Springs Road Suite 203  
Red Bank NJ 07701

Date(s) Received

9/12/16

Amount(s) Received This Period

\$ 1750-

Receipt Type

A

Description, if In-Kind Contribution

Aggregate Year to Date

\$ 1750-

Occupation (If Individual)

Employer Name, Address (If Individual)

Full Name, Address (Number and Street, City, State, Zip Code)

**Howell Solar LLC**  
15 Dogwood Lane  
Alpine NJ 07620

Date(s) Received

10/4/16

Amount(s) Received This Period

\$ 1500-

Receipt Type

Description, if In-Kind Contribution

Aggregate Year to Date

\$ 1500-

Occupation (If Individual)

Employer Name, Address (If Individual)

Full Name, Address (Number and Street, City, State, Zip Code)

Date(s) Received

Amount(s) Received This Period

Receipt Type

Description, if In-Kind Contribution

Aggregate Year to Date

Occupation (If Individual)

Employer Name, Address (If Individual)

(COMPLETE THIS LINE FOR EVERY PAGE USED)

TOTAL, THIS PAGE

\$ 3250.00

(COMPLETE THIS LINE FOR LAST PAGE USED)

GRAND TOTAL

\$ 6800.00

Treasurer Signature

*[Signature]*

Date

10/19/16

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.) <input type="checkbox"/> Currency <input checked="" type="checkbox"/> All other Monetary Contributions <input type="checkbox"/> In-Kind Contributions-Expenditures Made by Others <input type="checkbox"/> Reimbursements/Refunds of Disbursements <input type="checkbox"/> Dividends/Interest					
Committee Name <b>PRG</b>					
Account Name <b>Promoting Responsible Government</b>					
Contributor Name <b>Unser Consulting PA</b>		Contributor Address (Number and Street) <b>331 Beerman Springs Rd suite 203</b>			
Occupation <b>Engineers</b>		City, State, Zip Code <b>Red Bank MS 38701</b>			
Employer Name		Date(s) Received this Period		Amount(s) Received this Period	
Employer Address <b>Same</b>		<b>10/27/16</b>		<b>\$5450-</b>	
City, State, Zip Code					
Receipt Description (If In-Kind)					
		Aggregate Year-to-Date <b>\$7500-</b>			
Contributor Name <b>Richard H. Roberts</b>		Contributor Address (Number and Street) <b>120 Ardubus Drive</b>			
Occupation <b>Doctor</b>		City, State, Zip Code <b>Lakewood MS 38701</b>			
Employer Name <b>Same</b>		Date(s) Received		Amount(s) Received	
Employer Address		<b>11/2/16</b>		<b>\$5000-</b>	
City, State, Zip Code					
Receipt Description (If In-Kind)					
		Aggregate Year-to-Date			
Contributor Name <b>Dorah Roberts</b>		Contributor Address (Number and Street) <b>120 Ardubus Drive</b>			
Occupation <b>-None-</b>		City, State, Zip Code <b>Lakewood MS 38701</b>			
Employer Name		Date(s) Received		Amount(s) Received	
Employer Address		<b>11/2/16</b>		<b>\$5000-</b>	
City, State, Zip Code					
Receipt Description (If In-Kind)					
		Aggregate Year-to-Date			
Contributor Name		Contributor Address (Number and Street)			
Occupation		City, State, Zip Code			
Employer Name		Date(s) Received		Amount(s) Received	
Employer Address					
City, State, Zip Code					
Receipt Description (If In-Kind)					
		Aggregate Year-to-Date			
1. SUBTOTAL (Add all receipts listed on this page.)				<b>\$15450-</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>\$23150.00</b>	

Pg. 4 of 4  
Total - \$23150.00

<b>LOANS RECEIVED</b>		<b>SCHEDULE B</b>		<b>Page No.                      of</b>	
<b>PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.</b> Use a separate "SCHEDULE B" for each separate account.					
Committee Name <b>PRG</b>					
Account Name					
Name and Address of Lender	Original Loan Amount	New Loan 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 Loan 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.)					



<b>ADJUSTMENT SCHEDULE - REFUND OF CONTRIBUTIONS</b>			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 <b>PRG</b>			
Account Name _____			
<b>IF A MONETARY CONTRIBUTION IN EXCESS OF THE CONTRIBUTION LIMIT IS DEPOSITED, PLEASE REPORT THE REFUND OF THE EXCESS AMOUNT ON THIS ADJUSTMENT SCHEDULE.</b>			
Payment Date	Check No.	Payee Name and Address	Refunded Amount
<b>1. TOTAL REFUND OF CONTRIBUTIONS, THIS PERIOD</b> (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 <b>PRG</b>				
Account Name <b>Promoting Responsible Government</b>				
Payee or Creditor Name, Address (Number, Street, State, City, State and Zip Code)	Purpose*	Amount(s) Disbursed this Period	Transaction Dates	Check No(s)
*Legislative Leadership Committees - See instructions concerning permissible uses of funds.				
Extreme T-shirt 2056 W County Line Rd. Jackson, MS 38527	shirts + banners	\$411.00	8/10/16	113
Amazon Box 8226 Seattle WA 98108	office supplies	\$415.17	9/15/16	Debit
Amazon Box 8226 Seattle WA 98108	toner	\$133.74	9/15/16	Debit
1. SUBTOTAL (Add all disbursements listed on this page.)		\$959.91		
2. TOTAL DISBURSEMENTS, THIS PERIOD (Complete this line on the last page used. Carry forward to Page 2, Line 14, Column A.)		\$959.91		

ITEMIZED MONETARY CONTRIBUTIONS MADE TO CANDIDATES/COMMITTEES		SCHEDULE D		Page No. 1 of 1	
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.					
<input type="checkbox"/> New Jersey Gubernatorial Candidates/Committees <input type="checkbox"/> New Jersey Legislative Candidates/Committees					
<input checked="" type="checkbox"/> All Other Candidates/Committees					
Committee Name <b>PRG</b>					
Account Name <b>Promoting Responsible Government</b>					
Recipient Name and 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	
Monmouth County Republican Committee	Monmouth	112	4/21/16	1800.00	
		116	10/28/16	2500.00	
20 Route 537 E. Cotts Deal, NJ 07722		117	11/3/16	10,000.00	
Election Fund of Kevin Uniglicht	Hampden 11/8/16	114	4/22/16	200.00	
Howell Republican Municipal Committee P.O. Box 45	Howell	115	9/28/16	1000.00	
Howell NJ 07731					
<b>1. SUBTOTAL (Add all contributions made to each recipient type listed on this page.)</b>				<b>15500.00</b>	
<b>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.)</b>				<b>15500.00</b>	

<b>ITEMIZED EXPENDITURES MADE AND INCURRED ON BEHALF OF CANDIDATES/COMMITTEES</b>		<b>SCHEDULE E</b>		<b>Page No. 1 of 1</b>	
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 checked="" type="checkbox"/> All Other Candidates/Committees		<input type="checkbox"/> Independent Expenditures			
Committee Name <b>PRG</b>					
Account Name <b>Promoting Responsible Government</b>					
Payee Name and Address		Purpose	Amount(s) this Period		Transaction
(Number, Street, City, State and Zip Code)			Incurred/Not Paid	Disbursed	Date(s)
<b>Wasson Strategies 101 Knob Hill Rd Hackettstown NJ 07840</b>		<b>Rebucall</b>		<b>*1176.14</b>	<b>1/30/16</b>
					<b>111</b>
ALLOCATION OF EXPENDITURES BENEFITING CANDIDATE(S)/COMMITTEE(S)					
Candidate/Committee Name		Election Date	District or County or Municipality		Pro-Rated Amount
<b>Friends of Christine Hanlon for County Clerk</b>		<b>11/3/15</b>	<b>Monmouth</b>		<b>1176.14</b>
Payee Name and Address		Purpose	Amount(s) this Period		Transaction
(Number, Street, City, State and Zip Code)			Incurred/Not Paid	Disbursed	Date(s)
Candidate/Committee Name		Election Date	District or County or Municipality		Pro-Rated Amount
<b>1. SUBTOTAL (Add all disbursements made to each recipient type listed on this page.)</b>				<b>* 1176.14</b>	
<b>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.)</b>				<b>1176.14</b>	
<b>3. SUBTOTAL (Add all outstanding obligations incurred/not paid, listed on this page.)</b>				<b>—</b>	
<b>4. TOTAL OUTSTANDING OBLIGATIONS INCURRED/NOT PAID (Complete this line on the last page used. Carry back to Page 10, "Schedule F", Line 2.)</b>				<b>—</b>	

<b>DEBTS AND OBLIGATIONS OWED BY COMMITTEE</b>		<b>SCHEDULE F</b>	<b>Page No.</b>	<b>of</b>
<b>PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.</b> Use a separate "SCHEDULE F" for each separate account.				
Committee Name				
Account Name				
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				
<b>SUMMARY OF DEBTS AND OBLIGATIONS</b>				
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.)				

<b>DEBTS AND OBLIGATIONS OWED TO COMMITTEE</b> (Accounts Receivable)	<b>SCHEDULE G</b>	<b>Page No.</b> <b>of</b>
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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

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				
Date Debt Incurred	Debt Description				

**SUMMARY OF DEBTS AND OBLIGATIONS**

**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.)