



FEDERAL ELECTION COMMISSION
WASHINGTON DC 20461

THIS IS THE BEGINNING OF MUR # 3535

DATE FILMED 10/28/93 CAMERA NO. 2

CAMERAMAN MC

93040983843

May 27, 1992

JUN 1 9 49 AM '92

MAR 3535

General Counsel
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

Dear General Counsel:

Please accept the foregoing as a formal notice of complaint against Friends of Bob Smith, 60 Sefton Circle, Piscataway, N.J. 08854 and/or Smith for Congress, 44 Stelton Road, Piscataway, N.J. 08854 for violations of the Federal Election Commission Act (FECA), in connection with the transfer of \$121,138.66 from Friends of Bob Smith (a non-federal campaign committee to Smith for Congress (a federal campaign committee) on March 26, 1992 and thereafter.

Friends of Bob Smith, in its initial federal election filing for the quarter ending March 31, 1992, failed to disclose its cash on hand, as required by law. As such, the non-federal committee did not list the contributions which comprised its cash on hand on that date.

Furthermore, Friends of Bob Smith transferred contributions to Smith for Congress although these contributions did not comprise its cash on hand and therefore had already been spent on state elections activities. I believe that \$57,050.00 in contributions has been transferred in this manner. Enclosed for your review are copies of Friends of Bob Smith's reports filed with the N.J. Election Law Commission.

Additionally, Friends of Bob Smith transferred contributions, made prior to Bob Smith's last non-federal election, to Smith for Congress which aggregated more than \$1,000.00 per individual. I believe that \$15,850.00 in contributions has been transferred in this manner. A list of these contributions is provided for your convenience.

Thank you for your time and for your attention to this matter. Please let me know if I can provide you with any further information.

Sincerely,

[Signature]
John E. Tully
19 Jason Drive
Spring Lake Heights, NJ 07762

SWORN AND SUBSCRIBED TO BEFORE ME:

this 27 day of MAY, 1992.

[Signature]
ROY E. BLUMBERG

A Notary Public in the State of New Jersey
My Commission Expires June 27, 1994

(title of officer administering oath)

RECEIVED
FEDERAL ELECTION
COMMISSION
OFFICE OF GENERAL COUNSEL
92 JUN -1 PM 3:11

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SUMMARY OF ALLEGATIONS AGAINST
FRIENDS OF BOB SMITH/SMITH FOR CONGRESS

CONCLUSIONS

- 1) Friends of Bob Smith violated federal election law by failing to disclose its total cash on hand in its initial federal election report. Furthermore, Friends of Bob Smith failed to disclose the list of federally permissible contributions which comprised the cash on hand eligible for transfer to Smith for Congress;
- 2) Friends of Bob Smith violated federal election law by unlawfully transferring \$57,050 in individual contributions to Smith for Congress that had already been spent on previous state election activities;
- 3) Friends of Bob Smith violated federal election law by unlawfully transferring \$15,850 in individual contributions to Smith for Congress which comprised donations exceeding the federal \$1,000 limitation on individual contributions.

TRANSFERS UNDER THE FEDERAL ELECTION COMMISSION ACT

Under the Federal Election Commission Act (hereinafter, the "Act") funds may be transferred from a candidate's non-federal election campaign committee to his/her federal election committee provided that the funds transferred are not composed of contributions that would be in violation of the Act. 11 C.F.R. 110.3(c)(6).

If a candidate's nonfederal campaign committee transfers funds exceeding \$1,000 to the candidate's federal campaign committee, the nonfederal committee becomes a political committee under the Act. 11 C.F.R. 110.3(c)(6)(iii). The committee shall disclose, in its first federal report, its cash on hand balance, the source(s) of such funds, and the amount transferred to the federal campaign committee, no later than ten days after the transfer of funds. 11 C.F.R. 110.3(c)(6)(iii); 104.12.

The non-federal committee may transfer cash on hand to the federal committee. However, it is only permissible to transfer the funds most recently received by the transferor committee (equivalent in amount to the cash on hand), reduced by any funds which would constitute impermissible contributions under the Act. 11 C.F.R. 110.3(c)(6)(i). The amount transferred per contributor shall not exceed the limitations on contributions (\$1,000 per person per federal election). 110.3(c)(6)(i). For purposes of the contribution limits, a contribution (to the non federal committee) made after a nonfederal election has been held, or after an individual has publicly announced candidacy for election to federal office, shall be aggregated with other contributions from the same contributor for that next election. 11 C.F.R. 110.3(c)(6)(ii).

Thus, the Act requires that within ten days of a transfer of

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funds over \$1,000 from a non-federal committee to a federal committee, the transferor must file as a federal political committee, disclose the cash on hand, and list each contribution that comprises cash on hand, being sure to eliminate any contribution that would be impermissible under the Act.

FRIENDS OF BOB SMITH'S TRANSFERS TO SMITH FOR CONGRESS

Friends of Bob Smith filed its first federal report on April 13, 1992 which covered the period ending March 31, 1992. The report listed a transfer of \$10,000 to Smith for Congress on March 26, 1992.¹ The same transfer is listed as received by Smith for Congress on its federal report filed the same day.

The Friends of Bob Smith report, however, stated that it had \$0 cash on hand, thus failing to disclose, as required under federal law, that it had cash on hand on that date of \$187,005.89 (see Friends of Bob Smith Quarterly Report for period ending March 31, 1992, dated April 13, 1992, filed with the New Jersey Election Law Enforcement Commission [hereinafter "ELEC"]). The federal report also, therefore, failed to disclose which contributions, if any, of the \$187,005.89 on hand, were legally eligible for transfer under federal election law.

An analysis of Friends of Bob Smith's ELEC Reports over recent years reveals that the "recent contributions" to Friends of Bob Smith which comprise the \$187,005.89 cash on hand that the committee had on hand on March 31, 1992 (the date of the initial federal filing) consists of various contributions, both individual and corporate, dating from June 1, 1990 to March 31, 1992. This calculation was made as follows:

Receipts 1/1/92-3/31/92	\$58,085.50
Receipts 1/1/91-12/31/91	80,001.75
Receipts 10/1/90-12/31/90	2,297.37
Receipts 7/1/90-9/30/90	3,986.72
Receipts 6/1/90-6/30/90	40,668.07
Receipts 5/31/90	1,000.00
Receipts 5/30/90	489.56
Receipts 5/29/90	1,650.00
TOTAL	188,178.97

Therefore, on March 31, 1992, Friends of Bob Smith had cash on hand which was comprised of contributions dating back to May 29, 1990. All previous contributions had been expended on state election activities. Friends of Bob Smith, therefore, could only legally transfer contributions to Smith for Congress which were received on

¹This is the first of five transfers of a total amount of \$121,138.66 from Friends of Bob Smith to Smith for Congress during the 1992 Congressional Primary campaign.

or after May 29, 1990. Furthermore, all funds transferred from a state committee to a federal committee must meet federal eligibility requirements. Contributions which are acceptable for state campaigns may be illegal contributions for federal campaigns.

An analysis of the transfers from Friends of Bob Smith to Smith for Congress shows that 88 contributions, totalling \$57,050, were unlawfully transferred in that the contributions were made prior to May 29, 1990 and thus had already been spent on state election activities.

Additionally, certain contributions received by Friends of Bob Smith after May 29, 1990 may not be transferred because they are impermissible under the Act. The Act prohibits corporate contributions and limits contributions from individuals to \$1,000 per election. 2 U.S.C. 441a(a)(1)(A). The non-federal committee may only transfer to the federal committee up to \$1,000 in contributions made by an individual prior to the date of the candidate's last non-federal election (in this instance the State Legislative General Election held on November 5, 1991). See FEC Advisory Opinion 1987-12. This rule applies even though the federal committee may still accept up to \$1,000 from the same individual, either in direct contributions or in transferred contributions, so long as the contributions were made subsequent to the candidate's last non-federal election. 11 C.F.R. 110.3(c)(6)(ii); AO 1987-12.

An analysis of the transfers made by Friends of Bob Smith to Smith for Congress shows that there were 22 contributions made prior to November 5, 1991 (the date of the last non-federal election). These contributions, totalling \$15,850, were transferred in violation of the \$1,000 per individual contribution limit. In addition, fourteen of these unlawful transfers, aggregating \$10,400, were made on or after May 29, 1990 and therefore are included in the cash on hand that the committee had on March 31, 1992.

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LIST OF INDIVIDUAL CONTRIBUTIONS OVER \$1,000 TRANSFERRED FROM
FRIENDS OF BOB SMITH TO SMITH FOR CONGRESS

Barry Ages	9/5/89	\$1,000
	5/15/90	1,000
Harry Allen	3/20/89	1,000
	6/11/90	500
John Buzzi	5/15/89	1,000
	6/11/90	1,000
Tong Yeow Cheng	6/4/90	1,000
	8/12/91	1,000
William Dittman	3/22/89	750
	6/1/90	500
Harlan Fishker	3/28/89	1,000
	6/11/90	750
Linda Floren	5/2/89	250
	6/11/90	1,000
Francis Foley	5/25/90	1,000
	8/29/91	1,000
Domenick Gatto	3/15/89	750
	5/15/90	500
Abby Gran	4/15/89	400
	5/31/90	500
	9/10/91	400
Surita Gran	4/5/89	800
	10/3/91	800
Howard Gran	4/5/89	800
	5/29/90	500
Kohlbecker	3/22/89	750
	6/1/90	500
William Kopsaftis	3/13/89	1,000
	6/6/90	1,000
	9/25/91	1,000
Murray Kushner	4/4/89	1,000
	5/25/90	1,000
	9/13/91	1,000

9 3 0 4 0 9 8 3 8 4 8

Charles Scheinerman 9/4/89 1,000
5/25/90 500

Eugene Shenkman 4/4/89 1,000
5/25/90 1,000
9/17/91 1,000

Michael Seidner 4/2/89 1,000
5/23/90 1,000

David Sener 3/22/89 750
5/9/90 500

93040983849

RECEIPTS AND EXPENDITURES QUARTERLY REPORT

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

CN 185 TRENTON, NEW JERSEY 08615-0185

PLEASE TYPE OR PRINT.

1 FULL COMMITTEE NAME, ADDRESS (Number and Street, City, State, Zip Code)

Friends of Bob Smith
60 Sefton Circle
Piscataway, NJ 08854

IDENTIFICATION NUMBER

W 0017 0001 11091

☐ YES ADDRESS IS DIFFERENT FROM ADDRESS PREVIOUSLY REPORTED

2 COMMITTEE TYPE

☐ Political Party

☒ Ongoing Political

3 REPORT QUARTER

☒ April '92

☐ July '92

☐ October '92

☐ January '93

FIRST REPORT FILED?

☐ Yes

☒ No

AMENDED REPORT?

☐ Yes

☒ No

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

W 0017 0001 11 Q 92

DEPOSITORY SUMMARY				COLUMN A	COLUMN B
4	PERIOD COVERED	FROM	THROUGH	THIS PERIOD	CALENDAR YEAR-TO-DATE
		01-01-92	03-31-92		
5	a	CASH ON HAND, JANUARY 1, 19			142,643.76
	b	CASH ON HAND, BEGINNING OF REPORTING PERIOD			142,643.76
	c	RECEIPTS (Enter the total of Lines 13a, 13b, 14, 15 and 16)			58,085.50
	d	SUBTOTAL (Column A: Add Lines 5-b and 5-c; Column B: Add Lines 5-a and 5-c)			200,729.26
6	TOTAL DISBURSEMENTS (From Line 23)			13,723.37	13,723.37
7	CASH ON HAND, CLOSE OF REPORTING PERIOD (Subtract Line 6 from Line 5-d)			187,005.89	187,005.89

FINANCIAL SUMMARY		
8	CASH ON HAND (From Line 7)	187,005.89
9	DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Add Schedule B, Line 3 and Schedule F, Line 3)	-0-
10	ACCOUNTS RECEIVABLE — DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (From Schedule G, Line 2)	4,000.00
11	NET FINANCIAL ACTIVITY (Subtract Line 9 from Line 8; Add Line 10)	191,005.89

CERTIFICATION

12. TREASURER NAME, ADDRESS (Number and Street, City, State, Zip Code)	(AREA CODE) DAY TELEPHONE NUMBER
John R. Zuber	(908) 582-2889
60 Sefton Circle	(AREA CODE) EVENING TELEPHONE NUMBER
Piscataway, NJ 08854	(908) 752-2579

I have examined this report and the accompanying schedules and certify that the statements and information are true. I am aware that if any of the statements or information is willfully false, I am subject to punishment.

TREASURER SIGNATURE	DATE
	April 13, 1992

CONTINUED ON REVERSE

93040983850

TABLE I. RECEIPTS		COLUMN A	COLUMN B
		THIS PERIOD	CALENDAR YEAR-TO-DATE
13	CONTRIBUTIONS OTHER THAN LOANS		
a	MONETARY, \$100 OR LESS, NOT ITEMIZED ON SCHEDULE A	-0-	-0-
b	MONETARY, MORE THAN \$100 (From Schedule A, Line 2)	57,322.37	57,322.37
c	IN-KIND (EXPENDITURES MADE BY OTHERS), \$100 OR LESS, NOT ITEMIZED ON SCHEDULE A	-0-	-0-
d	IN-KIND (EXPENDITURES MADE BY OTHERS), MORE THAN \$100 (From Schedule A, Line 2)	-0-	-0-
e	TOTAL CONTRIBUTIONS OTHER THAN LOANS (Add Lines 13-a, 13-b, 13-c, and 13-d)	57,322.37	57,322.37
14	REIMBURSEMENTS/REFUNDS (From Schedule A, Line 2)	108.32	108.32
15	DIVIDENDS/INTEREST (From Schedule A, Line 2)	654.81	654.81
16	LOANS RECEIVED BY COMMITTEE (From Schedule B, Line 1)	-0-	-0-
17	GROSS RECEIPTS (Add Lines 13-e, 14, 15, and 16)	58,085.50	58,085.50

TABLE II. EXPENDITURES		COLUMN A	COLUMN B
		THIS PERIOD	CALENDAR YEAR-TO-DATE
18	LOAN PAYMENTS MADE BY COMMITTEE (From Schedule B, Line 2)	-0-	-0-
19	DISBURSEMENTS FOR OPERATIONS (From Schedule C, Line 3)	13,723.37	13,723.37
20	REFUNDS OF CONTRIBUTIONS (From Schedule C, Line 3)	-0-	-0-
21	DISBURSEMENTS OF CONTRIBUTIONS TO CANDIDATES AND COMMITTEES (From Schedule D, Line 2)	-0-	-0-
22	DISBURSEMENTS MADE ON BEHALF OF CANDIDATES AND COMMITTEES (From Schedule E, Line 3)	-0-	-0-
23	TOTAL DISBURSEMENTS (Add Lines 18, 19, 20, 21, and 22)	13,723.37	13,723.37
24	TOTAL IN-KIND CONTRIBUTIONS (EXPENDITURES MADE BY OTHERS) (Add Lines 13-c and 13-d)	-0-	-0-
25	OUTSTANDING DEBTS AND OBLIGATIONS OWED BY COMMITTEE AT END OF THIS PERIOD (From Schedule F, Line 2 for Column A; from Schedule F, Line 3 for Column B)	-0-	-0-
26	GROSS EXPENDITURES (Add Lines 23, 24, and 25)	13,723.37	13,723.37

TABLE III. NET RECEIPTS AND EXPENDITURES		COLUMN A	COLUMN B
		THIS PERIOD	CALENDAR YEAR-TO-DATE
27	GROSS RECEIPTS (From Line 17)	58,085.50	58,085.50
28	TOTAL LOAN PAYMENTS MADE BY COMMITTEE (From Line 18)	-0-	-0-
29	TOTAL REFUNDS OF CONTRIBUTIONS (From Line 20)	-0-	-0-
30	NET RECEIPTS (Subtract Lines 28 and 29 from Line 27)	58,085.50	58,085.50
31	GROSS EXPENDITURES (From Line 26)	13,723.37	13,723.37
32	TOTAL REIMBURSEMENTS/REFUNDS (From Line 14)	-0-	-0-
33	NET EXPENDITURES (Subtract Line 32 from Line 31)	13,723.37	13,723.37

ITEMIZED RECEIPTS (Other than Loans)

FOR R
SCHEDULE

PAGE NO.

1 of 1

11-78-808-10 (4/85)

LINE NO.

for

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

RECEIPT TYPE (Use a separate "Schedule A" for each type.)

☐ Monetary
Contributions
(For Line 13-b)

☐ In-Kind Contributions
(Expenditures Made By
Others—For Line 13-d)

☐ Reimbursements/
Refunds
(For Line 14)

☒ Dividends/
Interest
(For Line 15)

FULL COMMITTEE NAME

FRIENDS OF BOB SMITH

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

T. Rowe Price, Tax Exempt Fund
P. O. Box 0001
Worcester, Mass. 01653

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

01-30-92

254.56

02-30-92

193.82

03-31-92

206.43

RECEIPT DESCRIPTION (If Applicable)

Interest

AGGREGATE
YEAR-TO-DATE

654.81

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

1 SUBTOTAL (Add all receipts listed on this page.)

654.81

2 GRAND TOTAL, THIS PERIOD (Complete this line on the last page used for each receipt type.
Enter total on "Table 1, Receipts," Line 13-b, 13-d, 14, or 15.)

654.81

ITEMIZED RECEIPTS (Other than Loans)

FORM R-3
SCHEDULE

PAGE NO.

1 of 2

EE-AS-0006-JX (4/84)

LINE NO.

for

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

RECEIPT TYPE (Use a separate "Schedule A" for each type.)

☒ Monetary
Contributions
(For Line 13-b)

☐ In-Kind Contributions
(Expenditures Made By
Others—For Line 13-d)

☐ Reimbursements/
Refunds
(For Line 14)

☐ Dividends/
Interest
(For Line 15)

FULL COMMITTEE NAME

FRIENDS OF BOB SMITH

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

NJ UAW PAC ACCOUNT
16 Commerce Dr.
Cranford, NJ 07016

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

03-02-92

250.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

NJ EDUCATION ASSOC. PAC
180 West State Street - PO Box 1211
Trenton, NJ 08607

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

03-18-92

500.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

REALTORS, PAC
PO Box 2246
Edison, NJ 08818

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

03-16-92

250.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

NJ CHAPTER APTA - Political Action Comm. Political Fund
PO Box 1259
Hightstown, NJ 08520

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

03-31-92

75.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

THE OFFICE CENTER
666 Plainsboro Road - Suite 1165
Plainsboro, NJ 08536

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

03-31-92

75.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Leon R. Langley - NJ Pharmacists
120 West State Street
Trenton, NJ 08608

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

03-31-92

250.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Thomas Sperling - Plumbers & Pipefitters - Local Union No. 9 PAC
76 Gilbert Road West
Tinton Falls, NJ 07701

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

03-31-92

250.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

1 SUBTOTAL (Add all receipts listed on this page.)

1650.-

2 GRAND TOTAL, THIS PERIOD (Complete this line on the last page used for each receipt type.
Enter total on "Table 1. Receipts" Line 13-b, 13-d, 14, or 15.)

ITEMIZED RECEIPTS (Other than Loans)

FORM R-3
SCHEDULE E

PAGE NO.

2 of 2

EE-28-0000-XX (4/84)

LINE NO.

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

RECEIPT TYPE (Use a separate "Schedule A" for each type.)

☒ Monetary
Contributions
(For Line 13-b)

☐ In-Kind Contributions
(Expenditures Made By
Others—For Line 13-d)

☐ Reimbursements/
Refunds
(For Line 14)

☐ Dividends/
Interest
(For Line 15)

FULL COMMITTEE NAME

FRIENDS OF BOB SMITH

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

William Weinert, Executive Director, Garden State Pharmacy Owners, Inc.
156 Paris Avenue
Northvale, NJ 07647

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

03-31-92

250.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Local Union 456, IBEW c/o J.V. Eagan
1295 Livingston Avenue
North Brunswick, NJ 08902

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

03-31-92

250.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

1 SUBTOTAL (Add all receipts listed on this page.)

500.00

2 GRAND TOTAL, THIS PERIOD (Complete this line on the last page used for each receipt type.
Enter total on "Table 1. Receipts" Line 13-b, 13-d, 14, or 15.)

ITEMIZED RECEIPTS (More than Loans)

FOR
SCHEDULE

PAGE NO.

1 of 1

11E-A2-0006-XX (4/84)

LINE NO.

for

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

RECEIPT TYPE (Use a separate "Schedule A" for each type.)

☐ Monetary
Contributions
(For Line 13-b)

☐ In-Kind Contributions
(Expenditures Made By
Others—For Line 13-d)

☒ Reimbursements/
Refunds
(For Line 14)

☐ Dividends/
Interest
(For Line 15)

FULL COMMITTEE NAME

FRIENDS OF BOB SMITH

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Friends of John Lynch
P. O. Box 1208
New Brunswick, NJ 08903

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

02-21-92

41.66

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Friends of Jerry Green

Plainfield, NJ 07060

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

03-31-92

66.66

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

1 SUBTOTAL (Add all receipts listed on this page.)

108.32

2 GRAND TOTAL, THIS PERIOD (Complete this line on the last page used for each receipt type.
Enter total on "Table 1. Receipts" Lines 13-b, 13-d, 14, or 15.)

108.32

ITEMIZED RECEIPTS (Other than Loans)

FORM 3-3
SCHEDULE

PAGE NO.

1 of 13

EE-AS-0005-XS (4/84)

LINE NO.

for

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

RECEIPT TYPE (Use a separate "Schedule A" for each type.)

☒ Monetary
Contributions
(For Line 13-b)

☐ In-Kind Contributions
(Expenditures Made By
Others—For Line 13-d)

☐ Reimbursements/
Refunds
(For Line 14)

☐ Dividends/
Interest
(For Line 15)

FULL COMMITTEE NAME

FRIENDS OF BOB SMITH

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Michael A. Seidner
16 Wright St.
Edison, NJ 08820

DATE(S)
RECEIVED

03-05-92

AMOUNT(S)
RECEIVED
THIS PERIOD

1,000.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Ziga Roshanski
89 Webb St.
Edison, NJ 08820

DATE(S)
RECEIVED

02-18-92

AMOUNT(S)
RECEIVED
THIS PERIOD

1,000.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Julian S. Lewkowicz
325 Pegasus Rd.
Piscataway, NJ 08854

DATE(S)
RECEIVED

03-02-92

AMOUNT(S)
RECEIVED
THIS PERIOD

1,000.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Jane H. Andrusky
253 North Drive
North Plainfield, NJ 07060

DATE(S)
RECEIVED

03-10-92

AMOUNT(S)
RECEIVED
THIS PERIOD

1,000.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Adam R. Glimm
321 Pegasus Rd.
Piscataway, NJ 08854

DATE(S)
RECEIVED

03-16-92

AMOUNT(S)
RECEIVED
THIS PERIOD

1,000.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Eugene Schenkman
981 Rt.22, P.O. Box 6622
Bridgewater, NJ 08807

DATE(S)
RECEIVED

03-18-92

AMOUNT(S)
RECEIVED
THIS PERIOD

250.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Sylvester L. Sullivan
280 Mendham Rd.
Bernardsville, NJ 07924

DATE(S)
RECEIVED

03-21-92

AMOUNT(S)
RECEIVED
THIS PERIOD

250.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

1 SUBTOTAL (Add all receipts listed on this page.)

5500. -

2 GRAND TOTAL, THIS PERIOD (Complete this line on the last page used for each receipt type.
Enter total on "Table 1. Receipts" Line 13-b, 13-d, 14, or 15.)

57322

ITEMIZED RECEIPTS (Other than Loans)	FORM R-3 SCHEDULE A	PAGE NO. 2 of 13	LINE NO. for
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PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE REQUIRED.

RECEIPT TYPE (Use a separate "Schedule A" for each type.)

☒ Monetary Contributions (For Line 13-b)	☐ In-Kind Contributions (Expenditures Made By Others—For Line 13-d)	☐ Reimbursements/ Refunds (For Line 14)	☐ Dividends/ Interest (For Line 15)
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FULL COMMITTEE NAME

FRIENDS OF BOB SMITH

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.) Dorothy Zimelis 14 Wilshire Run Scotch Plains, NJ 07076		DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
		03-25-92	1,000.00
RECEIPT DESCRIPTION (If Applicable)	AGGREGATE YEAR-TO-DATE		

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.) Kenneth & Judy Boesner 90K Cresthill Rd. Boonton Township, NJ 07005		DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
		03-25-92	500.00
RECEIPT DESCRIPTION (If Applicable)	AGGREGATE YEAR-TO-DATE		

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.) Herbert Zimelis 14 Wilshire Run Scotch Plains, NJ 07076		DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
		03-25-92	1,000.00
RECEIPT DESCRIPTION (If Applicable)	AGGREGATE YEAR-TO-DATE		

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.) Linda Hip-Flores 281 River Rd. Piscataway, NJ 08854		DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
		03-10-92	500.00
RECEIPT DESCRIPTION (If Applicable)	AGGREGATE YEAR-TO-DATE		

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.) Beverly Sher 190 Green St. Woodbridge, NJ 07095		DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
		03-10-92	250.00
RECEIPT DESCRIPTION (If Applicable)	AGGREGATE YEAR-TO-DATE		

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.) Burton Sher 190 Green St. Woodbridge, NJ 07095		DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
		03-10-92	250.00
RECEIPT DESCRIPTION (If Applicable)	AGGREGATE YEAR-TO-DATE		

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.) Dennis Alan Auciello Rd1 Bxk 405T Somerset, NJ 08873		DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
		03-10-92	100.00
RECEIPT DESCRIPTION (If Applicable)	AGGREGATE YEAR-TO-DATE		

1	SUBTOTAL (Add all receipts listed on this page.)	3600.-
2.	GRAND TOTAL, THIS PERIOD. (Complete this line on the last page used for each receipt type. Enter total on "Table 1. Receipts" Line 13-b, 13-d, 14, or 15.)	

ITEMIZED RECEIPTS (Other than Loans)

FORM R-3
SCHEDULE APAGE NO.
3 of 13

LINE NO.

for

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

RECEIPT TYPE (Use a separate Schedule A for each type.)

☒ Monetary
Contributions
(For Line 13-b)☐ In-Kind Contributions
(Expenditures Made By
Others—For Line 13-d)☐ Reimbursements/
Refunds
(For Line 14)☐ Dividends/
Interest
(For Line 15)

FULL COMMITTEE NAME

FRIENDS OF BOB SMITH

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Leonard Cavaliere
21 King George Road
Warren, NJ 07060DATE(S)
RECEIVEDAMOUNT(S)
RECEIVED
THIS PERIOD

03-10-92

250.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

James F. Clarkin
419 Elwood St.
Piscataway, NJ 08854DATE(S)
RECEIVEDAMOUNT(S)
RECEIVED
THIS PERIOD

03-10-92

500.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Jack Borrus
P.O. Box 1963-2875 U.S. #1
North Brunswick, NJ 08902DATE(S)
RECEIVEDAMOUNT(S)
RECEIVED
THIS PERIOD

03-10-92

500.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Martha Woodruff
1862 S.W. Success
Port St. Lucie, Florida 34953DATE(S)
RECEIVEDAMOUNT(S)
RECEIVED
THIS PERIOD

03-10-92

1,000.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

C. Douglas Reina
190 Edward Place
North Plainfield, NJ 07060DATE(S)
RECEIVEDAMOUNT(S)
RECEIVED
THIS PERIOD

03-10-92

1,000.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

William J. Johnson
724 Watchung Road
Bound Brook, NJ 08805DATE(S)
RECEIVEDAMOUNT(S)
RECEIVED
THIS PERIOD

03-10-92

1,000.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Marc B. Leavitt
685 River Road
Piscataway, NJ 08854DATE(S)
RECEIVEDAMOUNT(S)
RECEIVED
THIS PERIOD

03-31-92

250.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

1 SUBTOTAL (Add all receipts listed on this page.)

4500. -

2 GRAND TOTAL, THIS PERIOD (Complete this line on the last page used for each receipt type.
Enter total on "Table 1, Receipts" Line 13-b, 13-d, 14, or 15.)

ITEMIZED RECEIPTS (Other than Loans)

FORM R-2
SCHEDULE 1

PAGE NO.

4 of 13

LINE NO.

for

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

RECEIPT TYPE (Use a separate "Schedule A" for each type.)

☒ Monetary
Contributions
(For Line 13-b)☐ In-Kind Contributions
(Expenditures Made By
Others—For Line 13-d)☐ Reimbursements/
Refunds
(For Line 14)☐ Dividends/
Interest
(For Line 15)

FULL COMMITTEE NAME

FRIENDS OF BOB SMITH

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Laurence Rubenstein
10 Plainfield Avenue
Piscataway, NJ 08854DATE(S)
RECEIVEDAMOUNT(S)
RECEIVED
THIS PERIOD

03-31-92

250.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Stephen Ritz
16 Fuller Avenue
Piscataway, NJ 08854DATE(S)
RECEIVEDAMOUNT(S)
RECEIVED
THIS PERIOD

03-31-92

1,000.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Ellen Ritz
16 Fuller Avenue
Piscataway, NJ 08854DATE(S)
RECEIVEDAMOUNT(S)
RECEIVED
THIS PERIOD

03-31-92

1,000.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Edward J. McManiman III
115 Lanning Avenue
Pennington, NJ 08534-2736DATE(S)
RECEIVEDAMOUNT(S)
RECEIVED
THIS PERIOD

03-31-92

750.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Francis C. Foley
908 Jordan Drive
Brielle, NJ 08730DATE(S)
RECEIVEDAMOUNT(S)
RECEIVED
THIS PERIOD

03-31-92

500.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Carla J. Brundage
74 Jefferson Avenue
Maplewood, NJ 07040DATE(S)
RECEIVEDAMOUNT(S)
RECEIVED
THIS PERIOD

03-31-92

750.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Robert B. Gigl, Jr.
34 Surrey Lane
Colonia, NJ 07067DATE(S)
RECEIVEDAMOUNT(S)
RECEIVED
THIS PERIOD

03-31-92

500.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

1 SUBTOTAL (Add all receipts listed on this page.)

4750. -

2 GRAND TOTAL, THIS PERIOD (Complete this line on the last page used for each receipt type.
Enter total on "Table 1, Receipts" Line 13-b, 13-d, 14, or 15.)

ITEMIZED RECEIPTS (Other than Loans)

FORM R-3
SCHEDULE A

PAGE NO.

5 of 13

LINE NO.

for

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

RECEIPT TYPE (Use a separate "Schedule A" for each type.)

Monetary
Contributions
(For Line 13-b)In-Kind Contributions
(Expenditures Made By
Others—For Line 13-d)Reimbursements/
Refunds
(For Line 14)Dividends/
Interest
(For Line 15)

FULL COMMITTEE NAME

FRIENDS OF BOB SMITH

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Jamie D. Happas
70 International Avenue
Piscataway, NJ 08854DATE(S)
RECEIVED

03-31-92

AMOUNT(S)
RECEIVED
THIS PERIOD

250.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Robert M. Schaaf
33 Wilson St.
Middlesex, NJ 08846DATE(S)
RECEIVED

03-31-92

AMOUNT(S)
RECEIVED
THIS PERIOD

500.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Ted Light
64 Sefton Circle
Piscataway, NJ 08854DATE(S)
RECEIVED

03-31-92

AMOUNT(S)
RECEIVED
THIS PERIOD

250.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

William J. Hamilton, Jr.
121 Forest Glen
Highland Park, NJ 08904DATE(S)
RECEIVED

03-31-92

AMOUNT(S)
RECEIVED
THIS PERIOD

250.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Yeow Ching Tong, MD
1098 Stelton Road
Piscataway, NJ 08854DATE(S)
RECEIVED

03-31-92

AMOUNT(S)
RECEIVED
THIS PERIOD

1,000.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Mabel Tong
1098 Stelton Road
Piscataway, NJ 08854DATE(S)
RECEIVED

03-31-92

AMOUNT(S)
RECEIVED
THIS PERIOD

1,000.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Robert Trimarchi
11 Totten Drive
Bridgewater, NJ 08807DATE(S)
RECEIVED

03-31-92

AMOUNT(S)
RECEIVED
THIS PERIOD

1,000.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

1 SUBTOTAL (Add all receipts listed on this page.)

4,250.00

2 GRAND TOTAL, THIS PERIOD (Complete this line on the last page used for each receipt type.
Enter total on "Table 1, Receipts" Line 13-b, 13-d, 14, or 15.)

RECEIPTS (Other than Loans)

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

☒ Monetary Contributions (For Line 13-b)	☐ In-Kind Contributions (Expenditures Made By Others—For Line 13-d)	☐ Reimbursements/Refunds (For Line 14)	☐ Dividends/Interest (For Line 15)
FULL COMMITTEE NAME FRIENDS OF BOB SMITH			

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.) Brian A. Richards Stelton Road Piscataway, NJ 08854	DATE(S) RECEIVED 03-31-92	AMOUNT(S) RECEIVED THIS PERIOD 1,000.00
RECEIPT DESCRIPTION (If Applicable)	AGGREGATE YEAR-TO-DATE	

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.) William H. Clark 15 State Street Clark, NJ 07066	DATE(S) RECEIVED 03-31-92	AMOUNT(S) RECEIVED THIS PERIOD 500.00
RECEIPT DESCRIPTION (If Applicable)	AGGREGATE YEAR-TO-DATE	

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.) Allen P. Comba 3 Sumutka Court Carteret, NJ 07008	DATE(S) RECEIVED 03-31-92	AMOUNT(S) RECEIVED THIS PERIOD 100.00
RECEIPT DESCRIPTION (If Applicable)	AGGREGATE YEAR-TO-DATE	

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.) Roma Food Enterprises, Inc. 45 Stanford Dr. Piscataway, NJ 08854	DATE(S) RECEIVED 02-19-92	AMOUNT(S) RECEIVED THIS PERIOD 250.00
RECEIPT DESCRIPTION (If Applicable)	AGGREGATE YEAR-TO-DATE	

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.) American Recycling P.O. Box 455 Piscataway, NJ 08854	DATE(S) RECEIVED 03-10-92	AMOUNT(S) RECEIVED THIS PERIOD 250.00
RECEIPT DESCRIPTION (If Applicable)	AGGREGATE YEAR-TO-DATE	

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.) Suburban Transit Corp. 750 Somerset Street New Brunswick, NJ 08901	DATE(S) RECEIVED 03-10-92	AMOUNT(S) RECEIVED THIS PERIOD 250.00
RECEIPT DESCRIPTION (If Applicable)	AGGREGATE YEAR-TO-DATE	

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.) Dowel Association 135 Bloomfield Avenue Bloomfield, NJ 07003	DATE(S) RECEIVED 03-06-92	AMOUNT(S) RECEIVED THIS PERIOD 500.00
RECEIPT DESCRIPTION (If Applicable)	AGGREGATE YEAR-TO-DATE	

1	SUBTOTAL (Add all receipts listed on this page.)	2850.-
2	GRAND TOTAL, THIS PERIOD (Complete this line on the last page used for each receipt type. Enter total on "Table 1. Receipts" Line 13-b, 13-d, 14, or 15.)	

ITEMIZED RECEIPTS (Other than Loans)

FORM R-3
SCHEDULE A

PAGE NO.

7 of 13

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

RECEIPT TYPE (Use separate Schedule A for each type.)

☒ Monetary
Contributions
(For Line 13-b)

☐ In-Kind Contributions
(Expenditures Made By
Others—For Line 13-d)

☐ Reimbursements/
Refunds
(For Line 14)

☐ Dividends/
Interest
(For Line 15)

FULL COMMITTEE NAME

FRIENDS OF BOB SMITH

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Brownworth Engineering Assoc.
10 Stelton Road
Piscataway, NJ 08854

DATE(S)
RECEIVED

03-10-92

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

AAA Budget Self Storage Inc.
59-63 Mine Brook Road
Bernardsville, NJ 07924

DATE(S)
RECEIVED

03-10-92

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Connecticut Metal Ind., Inc.
P. O. Box 234
Monroe, CT 06468

DATE(S)
RECEIVED

02-26-92

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

River Road Tavern, Inc.
601 River Road
Piscataway, NJ 08854

DATE(S)
RECEIVED

02-11-92

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Schooner Inn, Inc.
1707 West 7th Street
Piscataway, NJ 08854

DATE(S)
RECEIVED

03-16-92

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Joseph J. Rea Agency
463 So. Washington Avenue
Piscataway, NJ 08854

DATE(S)
RECEIVED

03-16-92

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Menlo Engineering Assoc.
261 Cleveland Avenue
Highland Park, NJ 08904

DATE(S)
RECEIVED

03-18-92

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

1 SUBTOTAL (Add all receipts listed on this page.)

2 GRAND TOTAL, THIS PERIOD (Complete this line on the last page used for each receipt type.
Enter total on "Table 1. Receipts" Line 13-b, 13-d, 14, or 15.)

93040983862

ITEMIZED RECEIPTS (Other than Loans)

FORM R-3
SCHEDULE A

PAGE NO.

8 of 13

for

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

RECEIPT TYPE (Use a separate "Schedule A" for each type.)

☒ Monetary
Contributions
(For Line 13-b)☐ In-Kind Contributions
(Expenditures Made By
Others—For Line 13-d)☐ Reimbursements/
Refunds
(For Line 14)☐ Dividends/
Interest
(For Line 15)

FULL COMMITTEE NAME

FRIENDS OF BOB SMITH

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

US Fuji Electric
240 Circle Drive North
Piscataway, NJ 08854DATE(S)
RECEIVED

03-16-92

AMOUNT(S)
RECEIVED
THIS PERIOD

250.0

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

DeMaria, Ellis, Hunt, Salsker & Freedman
744 Broad Street - Suite 1400
Newark, NJ 07102DATE(S)
RECEIVED

03-16-92

AMOUNT(S)
RECEIVED
THIS PERIOD

500.0

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

NJ Public Employees
3635 Quakerbridge Road
Trenton, NJ 08619DATE(S)
RECEIVED

03-16-92

AMOUNT(S)
RECEIVED
THIS PERIOD

250.0

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Spallucci & Sons, Inc.
117 Fleming Street
Piscataway, NJ 08854DATE(S)
RECEIVED

03-16-92

AMOUNT(S)
RECEIVED
THIS PERIOD

250.0

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Ajax Assoc.
42 Lenox Court
Piscataway, NJ 08854DATE(S)
RECEIVED

03-16-92

AMOUNT(S)
RECEIVED
THIS PERIOD

500.0

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

E.G. Plastic Corp.
116-39th Street
Brooklyn, NY 11232DATE(S)
RECEIVED

03-10-92

AMOUNT(S)
RECEIVED
THIS PERIOD

1,000.0

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Piscataway Assoc.
100 Huguenot Avenue
Englewood, NJ 07631DATE(S)
RECEIVED

03-09-92

AMOUNT(S)
RECEIVED
THIS PERIOD

1,000.0

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

1 SUBTOTAL (Add all receipts listed on this page.)

3750.

2 GRAND TOTAL, THIS PERIOD (Complete this line on the last page used for each receipt type.
Enter total on "Table 1. Receipts" Line 13-b, 13-d, 14, or 15.)

3040983863

ITEMIZED RECEIPTS (Other than Loans)

FORM R-3
SCHEDULE A

PAGE NO.

9 of 13 for

LINE

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

RECEIPT TYPE (Use a separate "Schedule A" for each type.)

Monetary
Contributions
(For Line 13-b)In-Kind Contributions
(Expenditures Made By
Others—For Line 13-d)Reimbursements/
Refunds
(For Line 14)Dividends/
Interest
(For Line 15)

FULL COMMITTEE NAME

FRIENDS OF BOB SMITH

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Richards Investment Partnership
20 Community Place
Morristown, NJ 07960DATE(S)
RECEIVED

03-10-92

AMOUNT(S)
RECEIVED
THIS PERIOD

1,000.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Mike Baker for Assembly

DATE(S)
RECEIVED

03-21-92

AMOUNT(S)
RECEIVED
THIS PERIOD

750.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

NJ State PBA
158 Main Street
Woodbridge, NJ 07095DATE(S)
RECEIVED

03-12-92

AMOUNT(S)
RECEIVED
THIS PERIOD

250.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

NJ Independent Car Rental Agency
22 Pine Street
Morristown, NJ 07960DATE(S)
RECEIVED

03-17-92

AMOUNT(S)
RECEIVED
THIS PERIOD

250.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

International Brotherhood of Electrical Workers
63 Route 206 South
Somerville, NJ 08876DATE(S)
RECEIVED

03-18-92

AMOUNT(S)
RECEIVED
THIS PERIOD

250.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Meeker Sharkey & DiLeo Inc.
1315 Stelton Road
Piscataway, NJ 08854DATE(S)
RECEIVED

02-19-92

AMOUNT(S)
RECEIVED
THIS PERIOD

1,000.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Quick Chek
Old Highway - PO Box 600
Whitehouse Station, NJ 08889-0600DATE(S)
RECEIVED

03-23-92

AMOUNT(S)
RECEIVED
THIS PERIOD

250.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

1

SUBTOTAL (Add all receipts listed on this page.)

3750.00

2

GRAND TOTAL, THIS PERIOD (Complete this line on the last page used for each receipt type.
Enter total on "Table 1. Receipts" Line 13-b, 13-d, 14, or 15.)

ITEMIZED RECEIPTS (Other than Loans)

FORM R-3
SCHEDULE A

PAGE NO.

10 of 13

EE-A3-0005-X

LINE

for

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

RECEIPT TYPE (Use a separate "Schedule A" for each type.)

☒ Monetary
Contributions
(For Line 13-b)

☐ In-Kind Contributions
(Expenditures Made By
Others—For Line 13-d)

☐ Reimbursements/
Refunds
(For Line 14)

☐ Dividends/
Interest
(For Line 15)

FULL COMMITTEE NAME

FRIENDS OF BOB SMITH

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Alek Corporation
1050 Stelton Road
Piscataway, NJ 08854

DATE(S)
RECEIVED

03-22-92

AMOUNT(S)
RECEIVED
THIS PERIOD

500.

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Ogden Martin Systems, Inc.
40 Land Road
Fairfield, NJ 07007-2615

DATE(S)
RECEIVED

03-20-92

AMOUNT(S)
RECEIVED
THIS PERIOD

500.

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Car Rentals Inc. - Avis Rent-A-Car System
1570 So. Washington Avenue-PO Box 547
Piscataway, NJ 08855-0547

DATE(S)
RECEIVED

03-20-92

AMOUNT(S)
RECEIVED
THIS PERIOD

250.0

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Chanel, Inc.
9 West 57th Street
New York, NY 10019

DATE(S)
RECEIVED

03-20-92

AMOUNT(S)
RECEIVED
THIS PERIOD

1,000.0

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Sudler Construction Co., Inc.
75 Eisenhower Parkway
Roseland, NJ

DATE(S)
RECEIVED

03-16-92

AMOUNT(S)
RECEIVED
THIS PERIOD

1,000.0

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Stelton Pizza, Inc.
1315 Stelton Road
Piscataway, NJ 08854

DATE(S)
RECEIVED

03-11-92

AMOUNT(S)
RECEIVED
THIS PERIOD

250.0

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Royal Gardens I
P.O. Box 559
Union, NJ 07083

DATE(S)
RECEIVED

03-03-92

AMOUNT(S)
RECEIVED
THIS PERIOD

500.0

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

1 SUBTOTAL (Add all receipts listed on this page.)

4000.00

2 GRAND TOTAL, THIS PERIOD (Complete this line on the last page used for each receipt type.
Enter total on "Table 1, Receipts" Line 13-b, 13-d, 14, or 15.)

93040983865

ITEMIZED RECEIPTS (Other than Loans)

FORM R-3
SCHEDULE A

PAGE NO.

11 of 13

for

LINE NO

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

RECEIPT TYPE (Use a separate "Schedule" for each type.)



Monetary
Contributions
(For Line 13-b)



In-Kind Contributions
(Expenditures Made By
Others—For Line 13-d)



Reimbursements/
Refunds
(For Line 14)



Dividends/
Interest
(For Line 15)

FULL COMMITTEE NAME

FRIENDS OF BOB SMITH

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Daniel Properties Inc.
433 North Broad Street
Elizabeth, NJ 07208

DATE(S)
RECEIVED

02-25-92

AMOUNT(S)
RECEIVED
THIS PERIOD

250.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

White Oak Construction, Inc.
135 Pulaski Road
Whitehouse Station, NJ 08889

DATE(S)
RECEIVED

03-04-92

AMOUNT(S)
RECEIVED
THIS PERIOD

500.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Abadin Plumbing & Heating Inc.
63 Euclid Avenue
Newark, NJ 07105

DATE(S)
RECEIVED

02-24-92

AMOUNT(S)
RECEIVED
THIS PERIOD

500.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Kalven Engineering Contractors, Inc.
199 Engle Street
Englewood, NJ 07631

DATE(S)
RECEIVED

03-18-92

AMOUNT(S)
RECEIVED
THIS PERIOD

1,000.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Allen & Bubenick Inc.
P. O. Box 8336
Piscataway, NJ 08855-8336

DATE(S)
RECEIVED

03-18-92

AMOUNT(S)
RECEIVED
THIS PERIOD

1,000.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Harris Steel Co., Inc.
1640 New Market Avenue
South Plainfield, NJ 07080

DATE(S)
RECEIVED

03-06-92

AMOUNT(S)
RECEIVED
THIS PERIOD

500.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Hoes Lane Office Center
201 Route 17 North
Rutherford, NJ 07070

DATE(S)
RECEIVED

03-17-92

AMOUNT(S)
RECEIVED
THIS PERIOD

500.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

1 SUBTOTAL (Add all receipts listed on this page.)

4250.00

2 GRAND TOTAL, THIS PERIOD (Complete this line on the last page used for each receipt type.
Enter total on "Table 1. Receipts" Line 13-b, 13-d, 14, or 15.)

ITEMIZED RECEIPTS (Other than Loans)

RM 3
SCHEDULE A

PAGE NO.
12 of 13

for

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

RECEIPT TYPE (Use a separate "Schedule A" for each type.)

- ☒ Monetary Contributions (For Line 13-b) ☐ In-Kind Contributions (Expenditures Made By Others—For Line 13-d) ☐ Reimbursements/Refunds (For Line 14) ☐ Dividends/Interest (For Line 15)

FULL COMMITTEE NAME

FRIENDS OF BOB SMITH

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.) Franklin Estates, Inc. - c/o Mr. Fisch 1640 Foxhall Road Union, NJ 07083		DATE(S) RECEIVED 03-19-92	AMOUNT(S) RECEIVED THIS PERIOD 250.00
RECEIPT DESCRIPTION (If Applicable)	AGGREGATE YEAR-TO-DATE		

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.) T & M Associates P. O. Box 828 Red Bank, NJ 07701		DATE(S) RECEIVED 03-19-92	AMOUNT(S) RECEIVED THIS PERIOD 500.00
RECEIPT DESCRIPTION (If Applicable)	AGGREGATE YEAR-TO-DATE		

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.) Recycling Industries, Inc. 11 Harnick Road South Plainfield, NJ 07080		DATE(S) RECEIVED 03-20-92	AMOUNT(S) RECEIVED THIS PERIOD 250.00
RECEIPT DESCRIPTION (If Applicable)	AGGREGATE YEAR-TO-DATE		

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.) Pharmacia Bio Systems, Inc. 800 Centennial Avenue Piscataway, NJ 08854		DATE(S) RECEIVED 03-10-92	AMOUNT(S) RECEIVED THIS PERIOD 500.00
RECEIPT DESCRIPTION (If Applicable)	AGGREGATE YEAR-TO-DATE		

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.) Di Gian Associates, Inc. 400 South Avenue Middlesex, NJ 08846		DATE(S) RECEIVED 03-17-92	AMOUNT(S) RECEIVED THIS PERIOD 1,000.00
RECEIPT DESCRIPTION (If Applicable)	AGGREGATE YEAR-TO-DATE		

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.) Vincent Vucisano Mason Contractors, Inc. 42 Wickley Avenue Piscataway, NJ 08854		DATE(S) RECEIVED 02-21-92	AMOUNT(S) RECEIVED THIS PERIOD 500.00
RECEIPT DESCRIPTION (If Applicable)	AGGREGATE YEAR-TO-DATE		

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.) Omnibus Management Ltd. 100 Ring Road West Garden City, NY 11530		DATE(S) RECEIVED 03-11-92	AMOUNT(S) RECEIVED THIS PERIOD 250.00
RECEIPT DESCRIPTION (If Applicable)	AGGREGATE YEAR-TO-DATE		

1	SUBTOTAL (Add all receipts listed on this page.)	3250.-
2	GRAND TOTAL, THIS PERIOD (Complete this line on the last page used for each receipt type. Enter total on "Table 1. Receipts" Line 13-b, 13-d, 14, or 15.)	

23040983867

ITEMIZED RECEIPTS (Other than Loans)

FORM R-3
SCHEDULE A

PAGE NO.

13 of 13

for

LINE NO.

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

RECEIPT TYPE (Use a separate Schedule for each type.)



Monetary
Contributions
(For Line 13-b)



In-kind Contributions
(Expenditures Made By
Others—For Line 13-d)



Reimbursements/
Refunds
(For Line 14)



Dividends/
Interest
(For Line 15)

FULL COMMITTEE NAME

FRIENDS OF BOB SMITH

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

N.J. Gasoline Retailers Assoc. Inc.
66 Morris Avenue
Springfield, NJ 07081

DATE(S)
RECEIVED

03-31-92

AMOUNT(S)
RECEIVED
THIS PERIOD

250.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Cycle PAC of Jersey A.B.A.T.E., Inc.
82-4th. Avenue
Hawthorne, NJ 07506

DATE(S)
RECEIVED

03-31-92

AMOUNT(S)
RECEIVED
THIS PERIOD

500.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

U.S.A. Sorting, Inc.
23 Empire Boulevard
South Hackensack, NJ 07606

DATE(S)
RECEIVED

03-31-92

AMOUNT(S)
RECEIVED
THIS PERIOD

250.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Electrical Workers C.O.P.E.
470 North Avenue
Elizabeth, NJ 07208

DATE(S)
RECEIVED

03-31-92

AMOUNT(S)
RECEIVED
THIS PERIOD

100.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Coalition of Opticians
P. O. Box 643
Willingboro, NJ 08046

DATE(S)
RECEIVED

03-31-92

AMOUNT(S)
RECEIVED
THIS PERIOD

75.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Colgate-Palmolive Co. PA
909 River Road
Piscataway, NJ 08854-5596

DATE(S)
RECEIVED

03-31-92

AMOUNT(S)
RECEIVED
THIS PERIOD

500.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Bob Smith for Assembly
60 Sefton Circle
Piscataway, NJ 08854

DATE(S)
RECEIVED

01-26-92

AMOUNT(S)
RECEIVED
THIS PERIOD

5,655.71
41.66

RECEIPT DESCRIPTION (If Applicable)

Refund back from Assembly Account

AGGREGATE
YEAR-TO-DATE

1 SUBTOTAL (Add all receipts listed on this page.)

7372.37

2 GRAND TOTAL, THIS PERIOD (Complete this line on the last page used for each receipt type.
Enter total on "Table 1. Receipts" Line 13-b, 13-d, 14, or 15.)

57,322.37

ITEMIZED OPERATING EXPENDITURES

FORM R-3
SCHEDULE C

PAGE NO.

1 of 5

EE-AS-0007-XX

LINE NO.

for

DISBURSEMENT TYPE ("X" One Disbursement Use Separate "Schedule C" For Each Disbursement)

☒ DISBURSEMENTS FOR CONTRIBUTIONS (For Line 19)☐ REFUNDS OF CONTRIBUTIONS (For Line 20)

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

FULL COMMITTEE NAME

FRIENDS OF BOB SMITH

PAYEE OR CREDITOR FULL NAME, ADDRESS (Number and Street, City, State, Zip Code)	PURPOSE	AMOUNT(S) THIS PERIOD		TRANS- ACTION DATES	CHECK NOS
		INCURRED/ NOT PAID	DISBURSED		
Dix's Spirit Shop So. Washington Ave. Piscataway, NJ 08854	Holiday Supplies		95.23	01-03-92	1071
Roni Kansagor 32 Winterberry Circle Piscataway, NJ 08854	Reimbursement		45.83	01-03-92	1074
Channel Hadley Road So. Plainfield, NJ 07060	Dead Bolt Locks		14.96	01-07-92	1073
Nancy Cascone Spencer St. Piscataway, NJ 08854	Holiday Supplies		35.00	01-76	1076
JVCA (Joseph Vas Civic Assoc.) P.O. Box 1282 Perth Amboy, NJ 08862	Ticket		150.00	01-17-92	1078
Friends of Harold Mitchell 24 Woodbine Avenue Plainfield, NJ 07060	Ticket		50.00	01-17-92	1079
Poland Springs 50 Commerce Way Norton, Maine 02766	Rental		9.63	01-17-92	1080
Alpha Phi Alpha Fraternity c/o Merv Alexander 390 Rushmore Avenue Piscataway, NJ 08854	Tickets Ad		70.00 25.00	01-21-92 01-23-92	1081 1082
Forbes Newspaper P.O. Box 757 Bedminster, NJ 07921	Newspaper - 1 yr. Newspaper - 1 yr.		26.00 22.00	01-23-92 01-23-92	1083 1084
North Brunswick Dem. Org. P.O. Box 146 No. Brunswick, NJ 08902	Ticket		40.00	01-23-92	1085
1. SUBTOTAL OF DISBURSEMENTS (This Page)			513.22		
2. SUBTOTAL (Add all outstanding obligations incurred/not paid listed on this page.)					
3. TOTAL OF DISBURSEMENTS, THIS PERIOD (Complete this line on last page used. Enter on "Table II. Expenditures", Line 19 or 20.)					
4. TOTAL OUTSTANDING OBLIGATIONS INCURRED/NOT PAID, THIS PERIOD (Complete this line on last page used.)					
5. GRAND TOTAL, EXPENDITURES (Add Lines 3 and 4 for this period. Complete this line on last page used.)					

93040983869

ITEMIZED OPERATING EXPENDITURES

FORM R-3
SCHEDULE C

PAGE NO.

2 of 5

LINE 1

DISBURSEMENT TYPE ("X" One Use Separate "Schedule C" For Each Disbursement Type)

☒ DISBURSEMENTS FOR OPERATIONS (For Line 19)☐ REFUNDS OF CONTRIBUTIONS (For Line 20)

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

FULL COMMITTEE NAME

FRIENDS OF BOB SMITH

PAYEE OR CREDITOR FULL NAME, ADDRESS (Number and Street, City, State, Zip Code)	PURPOSE	AMOUNT(S) THIS PERIOD		TRANS- ACTION DATES	CH NO
		INCURRED/ NOT PAID	DISBURSED		
Women's Political Caucus/NJ c/o D. Romaine - 90 George Rd. Emerson, NJ 07630	Membership dues		35.00	01-27-92	108
Boardroom Classics P.O. Box 736 Springfield, NJ 07081	Literature		29.95	01-27-92	108
World Watch Institute P.O. Box 6991 Syracuse, NY 13217	Literature-12 issues		26.00	01-27-92	108
Floral Dimensions Lakeview Avenue Piscataway, NJ 08854	Funeral Arrangement		59.00	01-27-92	109
Plainfield C.A.N. (Crescent Area Neighborhood Association PO Box 1174-Plainfield, NJ 07061	Donation		10.00	01-29-92	109
American Express P. O. Box 1270 Newark, NJ 07102	Expenses Expenses		185.00 344.66	01-29-92 02-28-92	109 110
University of Scranton P.O. Box 1385 Scranton, PA 18540-9976	Donation		50.00	01-29-92	109
Piscataway Piscatorama (H.S.) Behmer Road Piscataway, NJ 08854	1/8 page Ad.		40.00	01-29-92	109
Friendly Sons of St. Patrick P.O. Box 480 New Brunswick, NJ 08903	Annual Dinner		80.00	02-06-92	109
Bob Smith 830 Shirley Parkway Piscataway, NJ 08854	Reimbursement photos Reimbursement pictures Reimbursement		75.00 240.65 34.18	02-06-92 02-20-92 02-25-92	109 110 110
1. SUBTOTAL OF DISBURSEMENTS (This Page)			1,209.44		
2. SUBTOTAL (Add all outstanding obligations incurred/not paid listed on this page.)		- 0 -			
3. TOTAL OF DISBURSEMENTS, THIS PERIOD (Complete this line on last page used. Enter on "Table II. Expenditures", Line 19 or 20.)			1,372.37		
4. TOTAL OUTSTANDING OBLIGATIONS INCURRED/NOT PAID, THIS PERIOD (Complete this line on last page used.)		- 0 -			
5 GRAND TOTAL, EXPENDITURES (Add Lines 3 and 4 for this period. Complete this line on last page used.)			1,372.37		

DISBURSEMENT TYPE ("X" One Only, Use A Separate "Schedule C" For Each Disbursement Type)
☒ DISBURSEMENTS FOR OPERATING EXPENDITURES (For Line 19) ☐ RESOURCES CONTRIBUTIONS (For Line 20)

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

FULL COMMITTEE NAME FRIENDS OF BOB SMITH					
PAYEE OR CREDITOR FULL NAME, ADDRESS (Number and Street, City, State, Zip Code)	PURPOSE	AMOUNT(S) THIS PERIOD		TRANS- ACTION DATES	CHECK NOS
		INCURRED/ NOT PAID	DISBURSED		
Edison Democratic Org. P.O. Box 306 Edison, NJ 08818	Ticket		50.00	02-25-92	1106
Friends of David Schwartz P.O. Box 150 New Brunswick, NJ 08903	Tickets		70.00	03-03-92	1110
American Hungarian Foundation 300 Somerset St.-PO Box 1084 New Brunswick, NJ 08903	1/2 Page Ad.		42.50	03-03-92	1111
MOPH-Military Order/Purple Heart c/o J.Hems-1271 Stockton Drive North Brunswick, NJ 08902	1/2 Page Ad Ticket		23.34 40.00	03-03-92 03-04-92	1112 1116
Hatekvah Lodge B'nai B'rith P.O. Box 572-Jim Phillips Old Bridge, NJ 08857	Full Page Ad		50.00	03-03-92	1113
NJ Environmental Lobby 204 W. State Street Trenton, NJ 08608	Membership		30.00	03-04-92	1114
Midd. County AFL-CIO/Tom Dooley 588 Livingston Avenue North Brunswick, NJ 08902	Ticket		25.00	03-04-92	1115
Women's American ORI-B. Rubin 452 Elwood Street Piscataway, NJ 08854	1/8 Page Ad		25.00	03-04-92	1117
Grant Ave. Community Center 403 W. 7th Street Plainfield, NJ 07060	1/4 Page Ad		75.00	03-10-92	1118
Poland Springs P.O. Box 85810 Louisville, KY 40285-5810	Rental Rental		9.63 16.13	02-13-92 03-16-92	1104 1119
1. SUBTOTAL OF DISBURSEMENTS (This Page)			456.60		
2. SUBTOTAL (Add all outstanding obligations incurred/not paid listed on this page.)					
3. TOTAL OF DISBURSEMENTS, THIS PERIOD (Complete this line on last page used. Enter on "Table II. Expenditures", Line 19 or 20.)					
4. TOTAL OUTSTANDING OBLIGATIONS INCURRED/NOT PAID, THIS PERIOD (Complete this line on last page used.)					
5 GRAND TOTAL, EXPENDITURES (Add Lines 3 and 4 for this period. Complete this line on last page used.)					

93040983871

ITEMIZED OPERATING EXPENDITURES

FORM R-3
SCHEDULE C

PAGE NO.

4 of 5

for

EE-AS-0007-JA
LINE NO

DISBURSEMENT TYPE ("X" One Or More Separate "Schedule C" For Each Disbursement)

☒ DISBURSEMENTS FOR OPERATIONS (For Line 19)

☐ REFUNDS OF CONTRIBUTIONS (For Line 20)

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

FULL COMMITTEE NAME

FRIENDS OF BOB SMITH

PAYEE OR CREDITOR FULL NAME, ADDRESS (Number and Street, City, State, Zip Code)	PURPOSE	AMOUNT(S) THIS PERIOD		TRANS- ACTION DATES	CHECK NOS
		INCURRED/ NOT PAID	DISBURSED		
Piscataway H.S. Concert Choir 100 Behmer Road Piscataway, NJ 08854	1/3 Page Road		25.00	03-16-92	1120
NJ Jewish War Veterans of USA 1047B Buckingham Drive Leisure Village West Lakehurst, NJ 08733	1/2 Page Ad.		75.00	03-25-92	1121
NJ Tenants Organization 389 Main Street Hackensack, NJ 07601	1/2 Page Ad		125.00	03-26-92	1122
Friends of David Crabiel c/o Irene Smith North 1029 Kearney Dr. Bruns, NJ 08902	Tickets		100.00	03-26-92	1123
Pino's 4th and Paritan Avenue Highland Park, NJ 08904	Fruit Basket		41.15	03-26-92	1124
Second Impressions Stelton Road Piscataway, NJ 08854	Printing		583.58	02-11-92	1097
Congregation Ahavas Achim 68 Cedar Avenue Highland Park, NJ 08904	1/4 Page Ad		125.00	02-11-92	1098
Thomas Edison Council B.S.A. P. O. Box 855 Edison, NJ 08817	Donation		54.00	02-11-92	1099
Sayreville Dem. Winter Breakfast c/o Carol Smith-51 Richards Dr Parlin, NJ 08859	Ticket		50.00	02-11-92	1100
Piscataway Postmaster Skiles Avenue Piscataway, NJ 08854	Postage		9.95	02-14-92	1101
1. SUBTOTAL OF DISBURSEMENTS (This Page)			1171.68		
2. SUBTOTAL (Add all outstanding obligations incurred/not paid listed on this page.)					
3. TOTAL OF DISBURSEMENTS, THIS PERIOD (Complete this line on last page used. Enter on "Table II. Expenditures", Line 19 or 20.)					
4. TOTAL OUTSTANDING OBLIGATIONS INCURRED/NOT PAID, THIS PERIOD (Complete this line on last page used.)					
5. GRAND TOTAL, EXPENDITURES (Add Lines 3 and 4 for this period. Complete this line on last page used.)					

93040983872

ITEMIZED OPERATING EXPENDITURES

FORM R-3
SCHEDULE C

PAGE NO.

5 of 5

for

EE-AS-0007-02
LINE NO.

DISBURSEMENT TYPE ("X" One Only Use Separate "Schedule C" For Each Disbursement)

☒ DISBURSEMENTS FOR CONTRIBUTIONS (For Line 19)☐ REPAIRS OR CONTRIBUTIONS (For Line 20)

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

FULL COMMITTEE NAME

FRIENDS OF BOB SMITH

PAYEE OR CREDITOR FULL NAME, ADDRESS (Number and Street, City, State, Zip Code)	PURPOSE	AMOUNT(S) THIS PERIOD		TRANS- ACTION DATES	CHE NO
		INCURRED/ NOT PAID	DISBURSED		
Jewish Federation of Midd.Cty. Suite 101-100 Metroplex Dr. Edison, NJ 08817-2699	Donation		35.00	02-13-92	110
Friends of Joe Doria 99 Montgomery St. Jersey City, NJ 07302	Lunch Meetings		250.00	02-28-92	110
VOID					10, 105, 110-
BOB SMITH for Congress 12 STELTON ROAD PISCATAWAY NJ	Donation TRANSFER		10,000-	3-26-92	110
1. SUBTOTAL OF DISBURSEMENTS (This Page)			10,285.-		
2. SUBTOTAL (Add all outstanding obligations incurred/not paid listed on this page.)		-0-			
3. TOTAL OF DISBURSEMENTS, THIS PERIOD (Complete this line on last page used. Enter on "Table II. Expenditures", Line 19 or 20.)					
4. TOTAL OUTSTANDING OBLIGATIONS INCURRED/NOT PAID, THIS PERIOD (Complete this line on last page used.)		-0-			
5. GRAND TOTAL, EXPENDITURES (Add Lines 3 and 4 for this period. Complete this line on last page used.)			13,723. ³⁷		

ACCOUNTS RECEIVABLE (Debits and Obligations Owed to Committee)

**FORM R-3
SCHEDULE G**

PAGE NO. _____
of _____

LINE NO
for **10**

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

FULL COMMITTEE NAME

FRIENDS OF BOB SMITH

		BALANCE OWED BEGINNING OF PERIOD	NEW AMOUNT THIS PERIOD	TOTAL AMOUNT RECEIVED THIS PERIOD	BALANCE OWED CLOSE OF PERIOD
FULL DEBTOR NAME, ADDRESS (Number and Street, City, State, Zip Code) <i>Mike Baker for Assembly</i>		<i>4000-</i>	<i>-0-</i>	<i>-0-</i>	<i>4000-</i>
DATE DEBT INCURRED <i>10/24/91</i>	DEBT DESCRIPTION <i>LOAN</i>				
☐ OPERATIONAL ☐ CAMPAIGN RELATED					

FULL DEBTOR NAME, ADDRESS (Number and Street, City, State, Zip Code)					
DATE DEBT INCURRED	DEBT DESCRIPTION				
☐ OPERATIONAL ☐ CAMPAIGN RELATED					

FULL DEBTOR NAME, ADDRESS (Number and Street, City, State, Zip Code)					
DATE DEBT INCURRED	DEBT DESCRIPTION				
☐ OPERATIONAL ☐ CAMPAIGN RELATED					

FULL DEBTOR NAME, ADDRESS (Number and Street, City, State, Zip Code)					
DATE DEBT INCURRED	DEBT DESCRIPTION				
☐ OPERATIONAL ☐ CAMPAIGN RELATED					

1	SUBTOTAL THIS PERIOD (This Page)	<i>4000-</i>
2	TOTAL ACCOUNTS RECEIVABLE: DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Enter on "Financial Summary" Line 10. Complete this line on the last page used.)	<i>4000-</i>

93040983874

RECEIPTS AND EXPENDITURES QUARTERLY REPORT

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

CN-185 TRENTON, NEW JERSEY 08625-0185

PLEASE TYPE OR PRINT.

1 FULL COMMITTEE NAME, ADDRESS (Number and Street, City, State, Zip Code)

FRIENDS OF BOB SMITH
60 SEFTON CIRCLE
PISCATAWAY, NEW JERSEY 08854

IDENTIFICATION NUMBER

W 0017 0001 11Q91

☐ "X" IF ADDRESS IS DIFFERENT FROM
ADDRESS PREVIOUSLY REPORTED

2 COMMITTEE TYPE

☐ Political
Party☒ Ongoing
Political

3 REPORT QUARTER

☐ April
15☐ July
15☐ Octo-
ber
15☒ Janu-
ary
15

FIRST REPORT FILED?

☐ Yes ☒ No

AMENDED REPORT?

☐ Yes ☒ No

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

W 0017 0001 11Q91

DEPOSITORY SUMMARY

		FROM	THROUGH	COLUMN A	COLUMN B
4	PERIOD COVERED	OCTOBER 1, 1991	DEC. 31, 1991	THIS PERIOD	CALENDAR YEAR-TO-DATE
5	a CASH ON HAND, JANUARY 1, 19				192,033.37
	b CASH ON HAND, BEGINNING OF REPORTING PERIOD			214,962.02	
	c RECEIPTS (Enter the total of Lines 13a, 13b, 14, 15 and 16)			22,961.01	80,001.75
	d SUBTOTAL (Column A: Add Lines 5-b and 5-c; Column B: Add Lines 5-a and 5-c)			237,923.03	272,034.82
	e TOTAL DISBURSEMENTS (From Line 23)			95,279.27	129,391.36
	f CASH ON HAND, CLOSE OF REPORTING PERIOD (Subtract Line 6 from Line 5-d)			142,643.76	142,643.76

FINANCIAL SUMMARY

8	CASH ON HAND (From Line 7)	142,643.76
9	DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Add Schedule B, Line 3 and Schedule F, Line 3)	-0-
10	ACCOUNTS RECEIVABLE — DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (From Schedule G, Line 2)	5,000.00
11	NET FINANCIAL ACTIVITY (Subtract Line 9 from Line 8; Add Line 10)	147,643.76

CERTIFICATION

12. TREASURER NAME, ADDRESS (Number and Street, City, State, Zip Code)

JOHN R. ZUBER
60 SEFTON CIRCLE
PISCATAWAY, NEW JERSEY 08854

(AREA CODE) DAY TELEPHONE NUMBER

908-582-2889

(AREA CODE) EVENING TELEPHONE NUMBER

908-752-2579

I have examined this report and the accompanying schedules and certify that the statements and information are true. I am aware that if any of the statements or information is willfully false, I am subject to punishment.

TREASURER SIGNATURE

John R Zuber

DATE

1-14-92

CONTINUED ON REVERSE

RECEIPTS AND EXPENDITURES QUARTERLY REPORT

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

CN-185 TRENTON, NEW JERSEY 08625-0185

PLEASE

FULL C

W 0017 0001 11 Q 91

CPC

FRIENDS OF BOB SMITH
60 SEFTON CIRCLE
PISCATAWAY NJ 08854

IDENTIFIC

FROM
TED

R-3

FOR STATE USE ONLY

RECEIVED

OCT 11 1991

ELECTION LAW ENFORCEMENT
COMMISSION

FILED LATE

2 COMMITTEE TYPE

☐ Political
Party☒ Ongoing
Political

3 REPORT QUARTER

☐ April
15☒ July
15☐ Octo-
ber
15☐ Janu-
ary
15

FIRST REPORT FILED?

☐ Yes ☐ No

AMENDED REPORT?

☐ Yes ☐ No

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

W 0017 0001 11 Q 91

DEPOSITORY SUMMARY

			COLUMN A	COLUMN B
4	PERIOD COVERED	FROM 07-01-91 THROUGH 09-30-91	THIS PERIOD	CALENDAR YEAR-TO-DATE
5 a	CASH ON HAND, JANUARY 1, 19			192,033.37
b	CASH ON HAND, BEGINNING OF REPORTING PERIOD		182,216.94	
c	RECEIPTS (Enter the total of Lines 13a, 13b, 14, 15 and 16)		45,753.07	57,040.74
d	SUBTOTAL (Column A: Add Lines 5-b and 5-c; Column B: Add Lines 5-a and 5-c)		227,970.01	249,074.11
6	TOTAL DISBURSEMENTS (From Line 23)		13,007.99	34,112.09
7	CASH ON HAND, CLOSE OF REPORTING PERIOD (Subtract Line 6 from Line 5-d)		214,962.02	214,962.02

FINANCIAL SUMMARY

8	CASH ON HAND (From Line 7)	214,962.02
9	DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Add Schedule B, Line 3 and Schedule F, Line 3)	-0-
10	ACCOUNTS RECEIVABLE — DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (From Schedule G, Line 2)	-0-
11	NET FINANCIAL ACTIVITY (Subtract Line 9 from Line 8; Add Line 10)	214,962.02

CERTIFICATION

12. TREASURER NAME, ADDRESS (Number and Street, City, State, Zip Code)

John R. Zuber
60 Sefton Circle
Piscataway, NJ 08854

(AREA CODE) DAY TELEPHONE NUMBER

908-582-2889

(AREA CODE) EVENING TELEPHONE NUMBER

908-752-2579

I have examined this report and the accompanying schedules and certify that the statements and information are true. I am aware that if any of the statements or information is willfully false, I am subject to punishment.

TREASURER SIGNATURE

DATE

October 11, 1991

CONTINUED ON REVERSE

RECEIPTS AND EXPENDITURES QUARTERLY REPORT

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

CN-185 TRENTON, NEW JERSEY 08625-0185

PLEASE TYPE OR PRINT.

1 FULL COMMITTEE NAME, ADDRESS (Number and Street, City, State, Zip Code)

FRIENDS OF BOB SMITH
60 SEFTON CIRCLE
PISCATAWAY, NJ 08854*Dene*

2 IDENTIFICATION NUMBER

WO017 0001 11 Q 91

☐ "X" IF ADDRESS IS DIFFERENT FROM
ADDRESS PREVIOUSLY REPORTED.

2 COMMITTEE TYPE

☐ Political
Party☒ Ongoing
Political

3 REPORT QUARTER

☐ April
15☒ July
15☐ Octo-
ber
15☐ Janu-
ary
15

FIRST REPORT FILED?

☐ Yes ☒ No

AMENDED REPORT?

☐ Yes ☒ No

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

*WO017 0001 11 Q 91***DEPOSITORY SUMMARY**

		DEPOSITORY SUMMARY		COLUMN A	COLUMN B
4	PERIOD COVERED	FROM	THROUGH	THIS PERIOD	CALENDAR YEAR-TO-DATE
		04-01-91	06-30-91		
5 a	CASH ON HAND, JANUARY 1, 1991				193,033.37
b	CASH ON HAND, BEGINNING OF REPORTING PERIOD			187,469.11	
c	RECEIPTS (Enter the total of Lines 13a, 13b, 14, 15 and 16)			9,590.94	11,287.67
d	SUBTOTAL (Column A: Add Lines 5-b and 5-c; Column B: Add Lines 5-a and 5-c)			197,060.05	203,321.04
6	TOTAL DISBURSEMENTS (From Line 23)			14,843.11	21,104.10
7	CASH ON HAND, CLOSE OF REPORTING PERIOD (Subtract Line 6 from Line 5-d)			182,216.94	182,216.94

FINANCIAL SUMMARY

8	CASH ON HAND (From Line 7)	182,216.94
9	DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Add Schedule B, Line 3 and Schedule F, Line 3)	-0-
10	ACCOUNTS RECEIVABLE — DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (From Schedule G, Line 2)	-0-
11	NET FINANCIAL ACTIVITY (Subtract Line 9 from Line 8; Add Line 10)	182,216.94

CERTIFICATION

12. TREASURER NAME, ADDRESS (Number and Street, City, State, Zip Code)	(AREA CODE) DAY TELEPHONE NUMBER
JOHN R. ZUBER	(908) - 582-2869
60 SEFTON CIRCLE	(AREA CODE) EVENING TELEPHONE NUMBER
PISCATAWAY, NJ 08854	(908) - 752-2579

I have examined this report and the accompanying schedules and certify that the statements and information are true. I am aware that if any of the statements or information is willfully false, I am subject to punishment.

TREASURER SIGNATURE

DATE

July 11, 1991

CONTINUED ON REVERSE

RECEIPTS AND EXPENDITURES QUARTERLY REPORT

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

CN-185 TRENTON, NEW JERSEY 08625-0185

PLEASE TYPE OR PRINT.

1 FULL COMMITTEE NAME, ADDRESS (Number and Street, City, State, Zip Code)

FRIENDS OF BOB SMITH
60 SEFTON CIRCLE
PISCATAWAY, NJ 08854

WCC170CC111 Q91

IDENTIFICATION NUMBER

W0017 0001 11 Q 91

☐ "X" IF ADDRESS IS DIFFERENT FROM
ADDRESS PREVIOUSLY REPORTED

2 COMMITTEE TYPE

☐ Political
Party☒ Ongoing
Political

3 REPORT QUARTER

☒ April
15☐ July
15☐ Octo-
ber
15☐ Janu-
ary
15

FIRST REPORT FILED?

☐ Yes ☒ No

AMENDED REPORT?

☐ Yes ☒ No

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

DEPOSITORY SUMMARY

			COLUMN A	COLUMN B
4	PERIOD COVERED	FROM THROUGH	THIS PERIOD	CALENDAR YEAR-TO-DATE
		01-01-91 03-31-91		
5	a CASH ON HAND, JANUARY 1, 19			192,033.37
	b CASH ON HAND, BEGINNING OF REPORTING PERIOD		192,033.37	
	c RECEIPTS (Enter the total of Lines 13a, 13b, 14, 15 and 16)		1,696.73	1,696.73
	d SUBTOTAL (Column A: Add Lines 5-b and 5-c; Column B: Add Lines 5-a and 5-c)		193,730.10	193,730.10
6	TOTAL DISBURSEMENTS (From Line 23)		6,260.99	6,260.99
7	CASH ON HAND, CLOSE OF REPORTING PERIOD (Subtract Line 6 from Line 5-d)		187,469.11	187,469.11

FINANCIAL SUMMARY

8	CASH ON HAND (From Line 7)	187,469.11
9	DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Add Schedule B, Line 3 and Schedule F, Line 3)	-0-
10	ACCOUNTS RECEIVABLE — DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (From Schedule G, Line 2)	-0-
11	NET FINANCIAL ACTIVITY (Subtract Line 9 from Line 8; Add Line 10)	187,469.11

CERTIFICATION

12 TREASURER NAME, ADDRESS (Number and Street, City, State, Zip Code)

JOHN R. ZUBER
60 SEFTON CIRCLE
PISCATAWAY, NJ 08854

(AREA CODE) DAY TELEPHONE NUMBER

(908) - 582-2889

(AREA CODE) EVENING TELEPHONE NUMBER

(908) - 752-2579

I have examined this report and the accompanying schedules and certify that the statements and information are true. I am aware that if any of the statements or information is willfully false, I am subject to punishment.

TREASURER SIGNATURE

DATE

4-10-91

CONTINUED ON REVERSE

RECEIPTS AND EXPENDITURES QUARTERLY REPORT

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

CN-185 TRENTON, NEW JERSEY 08625-0185

PLEASE TYPE OR PRINT.

1 FULL COMMITTEE NAME, ADDRESS (Number and Street, City, State, Zip Code)

FRIENDS OF BOB SMITH
60 SEFTON CIRCLE
PISCATAWAY, N.J. 08854

IDENTIFICATION NUMBER

W0017 0001 11 Q 90

☐ "X" IF ADDRESS IS DIFFERENT FROM
ADDRESS PREVIOUSLY REPORTED

2 COMMITTEE TYPE

☐ Political
Party☒ Ongoing
Political

3 REPORT QUARTER

☐ April
15☐ July
15☐ Octo-
ber
15☒ Janu-
ary
15

FIRST REPORT FILED?

☐ Yes ☒ No

AMENDED REPORT?

☐ Yes ☒ No

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

DEPOSITORY SUMMARY			COLUMN A	COLUMN B
4	PERIOD COVERED	FROM 10-01-90 THROUGH 12-31-90	THIS PERIOD	CALENDAR YEAR-TO-DATE
5	a CASH ON HAND, JANUARY 1, 19			129,431.85
	b CASH ON HAND, BEGINNING OF REPORTING PERIOD		194,120.43	
	c RECEIPTS (Enter the total of Lines 13a, 13b, 14, 15 and 16)		2,297.37	91,460.38
	d SUBTOTAL (Column A: Add Lines 5-b and 5-c; Column B: Add Lines 5-a and 5-c)		196,417.80	220,892.23
6	TOTAL DISBURSEMENTS (From Line 23)		4,384.43	28,858.86
7	CASH ON HAND, CLOSE OF REPORTING PERIOD (Subtract Line 6 from Line 5-d)		192,033.37	192,033.37

FINANCIAL SUMMARY

8	CASH ON HAND (From Line 7)	192,033.37
9	DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Add Schedule B, Line 3 and Schedule F, Line 3)	-0-
10	ACCOUNTS RECEIVABLE — DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (From Schedule G, Line 2)	-0-
11	NET FINANCIAL ACTIVITY (Subtract Line 9 from Line 8; Add Line 10)	192,033.37

CERTIFICATION

12. TREASURER NAME, ADDRESS (Number and Street, City, State, Zip Code)

John R Zuber
60 Sefton Circle Piscataway, N.J. 0-114

(AREA CODE) DAY TELEPHONE NUMBER

908-582-2889

(AREA CODE) EVENING TELEPHONE NUMBER

908-752-2579

I have examined this report and the accompanying schedules and certify that the statements and information are true. I am aware that if any of the statements or information is willfully false, I am subject to punishment.

TREASURER SIGNATURE

John R Zuber

DATE

1-14-91

CONTINUED ON REVERSE

RECEIPTS AND EXPENDITURES QUARTERLY REPORT

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

CN-185 TRENTON, NEW JERSEY 08625-0185

PLEASE

1 FULL COPY

IDENTIFICATION

R-3

FOR STATE USE ONLY

RECEIVED

OCT 15 1990

ELECTION LAW ENFORCEMENT
COMMISSION**2 COMMITTEE TYPE**☐ Political Party ☒ Ongoing Political**3 REPORT QUARTER**☐ April 15 ☐ July 15 ☒ October 15 ☐ January 15**FIRST REPORT FILED?**☐ Yes ☒ No**AMENDED REPORT?**☐ Yes ☒ No

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

W 0017 0001 11090

DEPOSITORY SUMMARY

			COLUMN A	COLUMN B
4	PERIOD COVERED	FROM 7/01/90 THROUGH 9/30/90	THIS PERIOD	CALENDAR YEAR-TO-DATE
5 a	CASH ON HAND, JANUARY 1, 19			129,431.85
b	CASH ON HAND, BEGINNING OF REPORTING PERIOD		195,978.37	
c	RECEIPTS (Enter the total of Lines 13a, 13b, 14, 15 and 16)		3,986.72	89,163.01
d	SUBTOTAL (Column A: Add Lines 5-b and 5-c; Column B: Add Lines 5-a and 5-c)		199,965.09	218,594.86
6	TOTAL DISBURSEMENTS (From Line 23)		5,844.66	24,474.43
7	CASH ON HAND, CLOSE OF REPORTING PERIOD (Subtract Line 6 from Line 5-d)		194,120.43	194,120.43

FINANCIAL SUMMARY

8	CASH ON HAND (From Line 7)	194,120.43
9	DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Add Schedule B, Line 3 and Schedule F, Line 3)	-0-
10	ACCOUNTS RECEIVABLE — DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (From Schedule G, Line 2)	-0-
11	NET FINANCIAL ACTIVITY (Subtract Line 9 from Line 8; Add Line 10)	194,120.43

CERTIFICATION

12. TREASURER NAME, ADDRESS (Number and Street, City, State, Zip Code)		(AREA CODE) DAY TELEPHONE NUMBER
John R. Zuber 60 Sefton Circle Piscataway, NJ 08854		201-582-2889
		(AREA CODE) EVENING TELEPHONE NUMBER
		201-752-2579
I have examined this report and the accompanying schedules and certify that the statements and information are true. I am aware that if any of the statements or information is willfully false, I am subject to punishment.		
TREASURER SIGNATURE		DATE
John R. Zuber		Oct 11, 1990

CONTINUED ON REVERSE

RECEIPTS AND EXPENDITURES QUARTERLY REPORTNEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION
28 W. STATE ST. CN-185 TRENTON, N.J. 08625-0185**R-3**

FOR STATE USE ONLY

RECEIVED**JUL 13 1990**ELECTION LAW ENFORCEMENT
COMMISSION

PLEASE TYPE OR PRINT.

1 FULL COMMITTEE NAME, ADDRESS (Number and Street, City, State, Zip Code)

FRIENDS OF BOB SMITH
60 SEFTON CIRCLE
PISCATAWAY, NJ 08854

IDENTIFICATION NUMBER

W 0017 0001 11 Q 90

☐ "X" IF ADDRESS IS DIFFERENT FROM
ADDRESS PREVIOUSLY REPORTED

2 COMMITTEE TYPE

☐ Political
Party☐ Ongoing
Political

3 REPORT QUARTER

☒ April
15☐ July
15☐ Octo-
ber
15☐ Janu-
ary
15

FIRST REPORT FILED?

☐ Yes ☒ No

AMENDED REPORT?

☐ Yes ☒ NoDo not attempt to complete the "Depository Summary" or the "Financial Summary"
until the appropriate schedules have been completed.

DEPOSITORY SUMMARY				COLUMN A	COLUMN B	
4		PERIOD COVERED	FROM 04-01-90	THROUGH 06-30-90	THIS PERIOD	CALENDAR YEAR-TO-DATE
5	a	CASH ON HAND, JANUARY 1, 19				129,431.85
	b	CASH ON HAND, BEGINNING OF REPORTING PERIOD			123,396.38	
	c	RECEIPTS (Enter the total of Lines 13a, 13b, 14, 15 and 16)			83,487.71	85,176.29
	d	SUBTOTAL (Column A: Add Lines 5-b and 5-c; Column B: Add Lines 5-a and 5-c)			206,884.09	214,608.14
6		TOTAL DISBURSEMENTS (From Line 23)			10,905.72	18,629.77
7		CASH ON HAND, CLOSE OF REPORTING PERIOD (Subtract Line 6 from Line 5-d)			195,978.37	195,978.37

FINANCIAL SUMMARY		
8	CASH ON HAND (From Line 7)	195,978.37
9	DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Add Schedule B, Line 3 and Schedule F, Line 3)	-0-
10	ACCOUNTS RECEIVABLE — DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (From Schedule G, Line 2)	-0-
11	NET FINANCIAL ACTIVITY (Subtract Line 9 from Line 8; Add Line 10)	195,978.37

CERTIFICATION

12. TREASURER NAME, ADDRESS (Number and Street, City, State, Zip Code)

JOHN R. ZUBER
60 SEFTON CIRCLE
PISCATAWAY, NJ 08854

(AREA CODE) DAY TELEPHONE NUMBER

201-582-2889

(AREA CODE) EVENING TELEPHONE NUMBER

201-752-2579

I have examined this report and the accompanying schedules and certify that the statements and information are
true. I am aware that if any of the statements or information is willfully false, I am subject to punishment.

TREASURER SIGNATURE

DATE

7/12/90

CONTINUED ON REVERSE



RECEIPTS AND EXPENDITURES QUARTERLY REPORT**R-3**

FOR STATE USE ONLY

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION
28 W. STATE ST. CN-185 TRENTON, N.J. 08625-0185

PLEASE TYPE OR PRINT.

1 FULL COMMITTEE NAME, ADDRESS (Number and Street, City, State, Zip Code)

FRIENDS OF BOB SMITH
60 SEFTON CIRCLE
PISCATAWAY, NJ 08854

IDENTIFICATION NUMBER

W 0017 0001 11 Q 90

☐ "X" IF ADDRESS IS DIFFERENT FROM
ADDRESS PREVIOUSLY REPORTED

2 COMMITTEE TYPE

☐ Political
Party☐ Ongoing
Political

3 REPORT QUARTER

☒ April
15☐ July
15☐ Octo-
ber
15☐ Janu-
ary
15

FIRST REPORT FILED?

☐ Yes ☒ No

AMENDED REPORT?

☐ Yes ☒ No**RECEIVED****JUL 13 1990**ELECTION LAW ENFORCEMENT
COMMISSIONDo not attempt to complete the "Despository Summary" or the "Financial Summary"
until the appropriate schedules have been completed.

DEPOSITORY SUMMARY				COLUMN A	COLUMN B
4	PERIOD COVERED	FROM	THROUGH	THIS PERIOD	CALENDAR YEAR-TO-DATE
		04-01-90	06-30-90		
5	a	CASH ON HAND, JANUARY 1, 19			129,431.85
	b	CASH ON HAND, BEGINNING OF REPORTING PERIOD		123,396.38	
	c	RECEIPTS (Enter the total of Lines 13a, 13b, 14, 15 and 16)		83,487.71	85,176.29
	d	SUBTOTAL (Column A: Add Lines 5-b and 5-c; Column B: Add Lines 5-a and 5-c)		206,884.09	214,608.14
6	TOTAL DISBURSEMENTS (From Line 23)			10,905.72	18,629.77
7	CASH ON HAND, CLOSE OF REPORTING PERIOD (Subtract Line 6 from Line 5-d)			195,978.37	195,978.37

FINANCIAL SUMMARY			
8	CASH ON HAND (From Line 7)		195,978.37
9	DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Add Schedule B, Line 3 and Schedule F, Line 3)		-0-
10	ACCOUNTS RECEIVABLE — DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (From Schedule G, Line 2)		-0-
11	NET FINANCIAL ACTIVITY (Subtract Line 9 from Line 8; Add Line 10)		195,978.37

CERTIFICATION

12 TREASURER NAME, ADDRESS (Number and Street, City, State, Zip Code)

JOHN R. ZUBER
60 SEFTON CIRCLE
PISCATAWAY, NJ 08854

(AREA CODE) DAY TELEPHONE NUMBER

201-582-2889

(AREA CODE) EVENING TELEPHONE NUMBER

201-752-2579

I have examined this report and the accompanying schedules and certify that the statements and information are
true. I am aware that if any of the statements or information is willfully false, I am subject to punishment.

TREASURER SIGNATURE

DATE

7/12/90

CONTINUED ON REVERSE

TABLE I. RECEIPTS		COLUMN A	COLUMN B
13	CONTRIBUTIONS OTHER THAN LOANS	THIS PERIOD	CALENDAR YEAR-TO-DATE
a	MONETARY, \$100 OR LESS, NOT ITEMIZED ON SCHEDULE A	675.00	775.00
b	MONETARY, MORE THAN \$100 (From Schedule A, Line 2)	80,550.00	80,550.00
c	IN-KIND (EXPENDITURES MADE BY OTHERS), \$100 OR LESS, NOT ITEMIZED ON SCHEDULE A	-0-	-0-
d	IN-KIND (EXPENDITURES MADE BY OTHERS), MORE THAN \$100 (From Schedule A, Line 2)	-0-	-0-
e	TOTAL CONTRIBUTIONS OTHER THAN LOANS (Add Lines 13-a, 13-b, 13-c, and 13-d)	81,225.00	81,325.00
14	REIMBURSEMENTS/REFUNDS (From Schedule A, Line 2)	373.86	622.96
15	DIVIDENDS/INTEREST (From Schedule A, Line 2)	1,888.85	3,228.33
16	LOANS RECEIVED BY COMMITTEE (From Schedule B, Line 1)	-0-	-0-
17	GROSS RECEIPTS (Add Lines 13-e, 14, 15, and 16)	83,487.71	85,176.29

TABLE II. EXPENDITURES		COLUMN A	COLUMN B
		THIS PERIOD	CALENDAR YEAR-TO-DATE
18	LOAN PAYMENTS MADE BY COMMITTEE (From Schedule B, Line 2)	-0-	-0-
19	DISBURSEMENTS FOR OPERATIONS (From Schedule C, Line 3)	10,905.72	18,629.77
20	REFUNDS OF CONTRIBUTIONS (From Schedule C, Line 3)	-0-	-0-
21	DISBURSEMENTS OF CONTRIBUTIONS TO CANDIDATES AND COMMITTEES (From Schedule D, Line 2)	-0-	-0-
22	DISBURSEMENTS MADE ON BEHALF OF CANDIDATES AND COMMITTEES (From Schedule E, Line 3)	-0-	-0-
23	TOTAL DISBURSEMENTS (Add Lines 18, 19, 20, 21, and 22)	10,905.72	18,629.77
24	TOTAL IN-KIND CONTRIBUTIONS (EXPENDITURES MADE BY OTHERS) (Add Lines 13-c and 13-d)	-0-	-0-
25	OUTSTANDING DEBTS AND OBLIGATIONS OWED BY COMMITTEE AT END OF THIS PERIOD (From Schedule F, Line 2 for Column A; from Schedule F, Line 3 for Column B)	-0-	-0-
26	GROSS EXPENDITURES (Add Lines 23, 24, and 25)	10,905.72	18,629.77

TABLE III. NET RECEIPTS AND EXPENDITURES		COLUMN A	COLUMN B
		THIS PERIOD	CALENDAR YEAR-TO-DATE
27	GROSS RECEIPTS (From Line 17)	83,487.71	85,176.29
28	TOTAL LOAN PAYMENTS MADE BY COMMITTEE (From Line 18)	-0-	-0-
29	TOTAL REFUNDS OF CONTRIBUTIONS (From Line 20)	-0-	-0-
30	NET RECEIPTS (Subtract Lines 28 and 29 from Line 27)	83,487.71	85,176.29
31	GROSS EXPENDITURES (From Line 26)	10,905.72	18,629.77
32	TOTAL REIMBURSEMENTS/REFUNDS (From Line 14)	373.86	622.96
33	NET EXPENDITURES (Subtract Line 32 from Line 31)	10,531.86	18,006.81

ITEMIZED RECEIPTS (Other than Loans)

FORM R-3
SCHEDULE A

PAGE NO.

1 of 1

EE-AS-0005-XX (4/84)

LINE NO.

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

RECEIPT TYPE (Use a separate "Schedule A" for each type.)

☐ Monetary
Contributions
(For Line 13-b)

☐ In-Kind Contributions
(Expenditures Made By
Others—For Line 13-d)

☐ Reimbursements/
Refunds
(For Line 14)

☒ Dividends/
Interest
(For Line 15)

FULL COMMITTEE NAME

FRIENDS of Bob Smith

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code)

T. ROWE PRKE
P.O. Box 2357
BOSTON, MASSACHUSETTS

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

3/40
4/30
5/30
6/30

473.67
457.55
459.56
468.07

RECEIPT DESCRIPTION (If Applicable)

INTEREST

AGGREGATE
YEAR-TO-DATE

3,228.33

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code)

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code)

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code)

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code)

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code)

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code)

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

1 SUBTOTAL (Add all receipts listed on this page)

1,888.85

2 GRAND TOTAL, THIS PERIOD (Complete this line on the last page used for each receipt type.
Enter total on "Table 1. Receipts" Line 13-b, 13-d, 14, or 15.)

1,888.85

ITEMIZED RECEIPTS (Other than Loans)

FORM R-3
SCHEDULE A

PAGE NO.

1 of 1

LINE NO.

for

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

RECEIPT TYPE (Use a separate "Schedule A" for each type.)

☐ Monetary
Contributions
(For Line 13-b)

☐ In-Kind Contributions
(Expenditures Made By
Others—For Line 13-d)

☒ Reimbursements/
Refunds
(For Line 14)

☐ Dividends/
Interest
(For Line 15)

FULL COMMITTEE NAME

Friends of Bob Smith Committee

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Friends of David Schwartz
40 Paterson, Street
New Brunswick, N.J. 08901

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

5/4
4/4
4/5

209.70
112.50
30.00
21.66

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

1 SUBTOTAL (Add all receipts listed on this page.)

373.86

2 GRAND TOTAL, THIS PERIOD (Complete this line on the last page used for each receipt type.
Enter total on "Table 1, Receipts" Line 13-b, 13-d, 14, or 15.)

373.86

ITEMIZED OPERATING EXPENDITURES

FORM R-3
SCHEDULE C

PAGE NO.

/ of 2

LINE NO.

for

DISBURSEMENT TYPE ("X" One Only, Use "A" for Schedule C For Each Disbursement Type)

☒ DISBURSEMENTS FOR OPERATIONS (For Line 19)☐ REFUNDS OF CONTRIBUTIONS (For Line 20)

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

FULL COMMITTEE NAME

Friends of Bob Smith

PAYEE OR CREDITOR FULL NAME, ADDRESS (Number and Street, City, State, Zip Code)	PURPOSE	AMOUNT(S) THIS PERIOD		TRANSACTION DATES	CHECK NOS.
		INCURRED/ NOT PAID	DISBURSED		
G. Otlowski Citizen League 717 Convery Blvd. Perth Amboy, NJ 08861	Ad Journal		50.00	4-10-90	603
Vito F. Puleio Scholarship Fnd. P.O. Box 6227 No. Brunswick, NJ 08902	Tickets		100.00	4-10-90	604
Highland Park Earth Day 221 South 5th Street Highland Park, NJ 08904	Donation		50.00	4-16-90	605
VISA Box 60621 Sioux Falls, So. Dakota 57117	Tuxedo Rental		82.99	4-18-90	606
Middlesex County FREEZE P. O. Box 4136 Highland Park, NJ 08904	AD		32.50	4-27-90	607
American Express P. O. Box 1270 Newark, NJ 07102	Expenses Expenses		61.00 732.68	5-02-90 5-31-90	608 617
N.J. Environmental Lobby 7 Robbin Drive Oakhurst, NJ 07755	Donation		50.00	5-21-90	609
Staples 1034 Route 22 North Plainfield, NJ 07060	Labels		63.57	5-07-90	610
Forbes Newspapers P. O. Box 757 Bedminster, NJ 07921	Subscription Middlesex Chronicle		20.00	5-08-90	611
Worldwatch Institute 1776 Massachusettes Ave. NW Washington, D.C.	Book		18.95	5-08-90	612
1. SUBTOTAL OF DISBURSEMENTS (This Page)			1,261.69		
2. SUBTOTAL (Add all outstanding obligations incurred/not paid listed on this page.)					
3. TOTAL OF DISBURSEMENTS, THIS PERIOD (Complete this line on last page used. Enter on "Table II. Expenditures", Line 19 or 20.)			1,261.69		
4. TOTAL OUTSTANDING OBLIGATIONS INCURRED/NOT PAID, THIS PERIOD (Complete this line on last page used.)					
5 GRAND TOTAL, EXPENDITURES (Add Lines 3 and 4 for this period. Complete this line on last page used.)					

ITEMIZED OPERATING EXPENDITURES

FORM R-3
SCHEDULE C

PAGE NO.

2 of 2

for

EE-AS-0007-X2 (4/84)

LINE NO.

DISBURSEMENT TYPE ("X" One Only, Use Schedule C For Each Disbursement Type)

☒ DISBURSEMENTS FOR OPERATIONS (For Line 19)

☐ REFUNDS OF CONTRIBUTIONS (For Line 20)

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

FULL COMMITTEE NAME

Friends of Bob Smith

PAYEE OR CREDITOR FULL NAME, ADDRESS (Number and Street, City, State, Zip Code)	PURPOSE	AMOUNT(S) THIS PERIOD		TRANS- ACTION DATES	CHECK NOS.
		INCURRED/ NOT PAID	DISBURSED		
NJSBA/Point Beach Fund 1900 Oberlin Avenue Lakewood, NJ 08701	Donation		100.00	5-16-90	613
Youth Environmental Society P. O. Box 441 Cranbury, NJ 08512	Donation		25.00	5-16-90	614
Middlesex Cty. Democrats 306 Main Street Woodbridge, NJ 07095	Tickets		1,000.00	5-17-90	615
Floral Dimensions 211 Lakeview Avenue Piscataway, NJ 08854	Flowers		85.00	5-31-90	616
Friends of Eliz. Urquhart 1284 East 2nd Street Plainfield, NJ 07060	Tickets		20.00	6-07-90	618
Steve Sladky Sidney Road Piscataway, NJ 08854	Car Rental Parade		35.00	6-07-90	619
Wurlitzer's Inc. Hoes Lane Piscataway, NJ 08854	Fund Raiser Gratuities		6,000.00 345.00	6-10-90 6-10-90	620 621
Boy Scouts Edison Council 2757 Woodbridge Ave. Edison, NJ 08818	Luncheon		50.00	6-27-90	622
Shirley Schram 28 Lincoln Avenue Piscataway, NJ 08854	Fund Raiser Telephone Reimb.		1,845.00 164.93	6-25-90 6-25-90	623 624
Correction - Sun Travel Correction - Midd.Cty.Bd.of Ed.			(25.00) (.90)		681 696
1. SUBTOTAL OF DISBURSEMENTS (This Page)			9,644.03		
2. SUBTOTAL (Add all outstanding obligations incurred/not paid listed on this page.)					
3. TOTAL OF DISBURSEMENTS, THIS PERIOD (Complete this line on last page used. Enter on "Table II. Expenditures", Line 19 or 20.)			10,905.72		
4. TOTAL OUTSTANDING OBLIGATIONS INCURRED/NOT PAID, THIS PERIOD (Complete this line on last page used.)					
5. GRAND TOTAL, EXPENDITURES (Add Lines 3 and 4 for this period. Complete this line on last page used.)			10,905.72		

ITEMIZED RECEIPTS (Other than Loans)**FORM R-3
SCHEDULE A**

PAGE NO.

1 of 16

LINE NO.

for

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

RECEIPT TYPE (Use a separate "Schedule A" for each type.)

☒ Monetary Contributions (For Line 13-b)
 ☐ In-Kind Contributions (Expenditures Made By Others—For Line 13-d)
 ☐ Reimbursements/Refunds (For Line 14)
 ☐ Dividends/Interest (For Line 15)

FULL COMMITTEE NAME

Friends of Bob Smith

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.) Saul Schachter, MAI, SREA St. George at Wood Avenue Linden, NJ 07036		DATE(S) RECEIVED 5-03-90	AMOUNT(S) RECEIVED THIS PERIOD 500.00
RECEIPT DESCRIPTION (If Applicable) Fund Raiser Tickets	AGGREGATE YEAR-TO-DATE		

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.) Roma Food Enterprises, Inc. 45 Stanford Road Piscataway, NJ 08854		DATE(S) RECEIVED 5-09-90	AMOUNT(S) RECEIVED THIS PERIOD 500.00
RECEIPT DESCRIPTION (If Applicable) Fund Raiser Tickets	AGGREGATE YEAR-TO-DATE		

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.) Roger Penske P.O. Box 8640 Red Bank, NJ 07701-8640		DATE(S) RECEIVED 5-02-90	AMOUNT(S) RECEIVED THIS PERIOD 500.00
RECEIPT DESCRIPTION (If Applicable) Fund Raiser Tickets	AGGREGATE YEAR-TO-DATE		

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.) Supermarkets General Corp. 301 Blair Road Woodbridge, NJ 07095		DATE(S) RECEIVED 5-07-90	AMOUNT(S) RECEIVED THIS PERIOD 500.00
RECEIPT DESCRIPTION (If Applicable) Fund Raiser Tickets	AGGREGATE YEAR-TO-DATE		

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.) Spallucci & Sons, Inc. 117 Fleming Street Piscataway, NJ 08854		DATE(S) RECEIVED 5-09-90	AMOUNT(S) RECEIVED THIS PERIOD 500.00
RECEIPT DESCRIPTION (If Applicable) Fund Raiser Tickets	AGGREGATE YEAR-TO-DATE		

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.) Piscataway Associates 100 Huguenot Avenue Englewood, NJ 07631		DATE(S) RECEIVED 5-15-90	AMOUNT(S) RECEIVED THIS PERIOD 1,000.00
RECEIPT DESCRIPTION (If Applicable) Fund Raiser Tickets	AGGREGATE YEAR-TO-DATE		

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.) Omnibus Management LTD (S/A Associates) 100 Ring Road West Garden City, NJ 11530		DATE(S) RECEIVED 5-17-90	AMOUNT(S) RECEIVED THIS PERIOD 500.00
RECEIPT DESCRIPTION (If Applicable) Fund Raiser Tickets	AGGREGATE YEAR-TO-DATE		

1	SUBTOTAL (Add all receipts listed on this page.)	4,000.00
2	GRAND TOTAL, THIS PERIOD (Complete this line on the last page used for each receipt type. Enter total on "Table 1. Receipts" Line 13-b, 13-d, 14, or 15.)	

ITEMIZED RECEIPTS (Other than Loans)

FORM R-3
SCHEDULE E

PAGE NO.

2 of 16

LINE NO.

for

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

RECEIPT TYPE (Use a separate "Schedule A" for each type.)


Monetary
Contributions
(For Line 13-b)

In-Kind Contributions
(Expenditures Made By
Others—For Line 13-d)

Reimbursements/
Refunds
(For Line 14)

Dividends/
Interest
(For Line 15)

FULL COMMITTEE NAME

Friends of Bob Smith

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code)

Allen & Bubenick Inc.
P.O. Box 8336
Piscataway, NJ 08854

DATE(S)
RECEIVED

5-16-90

AMOUNT(S)
RECEIVED
THIS PERIOD

1,000.00

RECEIPT DESCRIPTION (If Applicable)

Fund Raiser Tickets

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code)

Schooner Inn/Spain Inn
1707 W 7th Street
Piscataway, NJ 08854

DATE(S)
RECEIVED

5-22-90

AMOUNT(S)
RECEIVED
THIS PERIOD

500.00

RECEIPT DESCRIPTION (If Applicable)

Fund Raiser Tickets

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code)

Lackland & Lackland
250 Lackland Dr., Suite 8
Middlesex, NJ 08846

DATE(S)
RECEIVED

5-22-90

AMOUNT(S)
RECEIVED
THIS PERIOD

3,000.00

RECEIPT DESCRIPTION (If Applicable)

Fund Raiser Tickets

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code)

Ridgedale Gardens (Piscataway)
1325 Morris Avenue - PO Box 746
Union, New Jersey 07083

DATE(S)
RECEIVED

5-22-90

AMOUNT(S)
RECEIVED
THIS PERIOD

500.00

RECEIPT DESCRIPTION (If Applicable)

Fund Raiser Tickets

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code)

Birchview Management
1325 Morris Avenue - PO Box 746
Union, New Jersey 07083

DATE(S)
RECEIVED

5-22-90

AMOUNT(S)
RECEIVED
THIS PERIOD

500.00

RECEIPT DESCRIPTION (If Applicable)

Fund Raiser Tickets

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code)

Harris Structural Steel
1640 New Market Avenue
South Plainfield, NJ 07080

DATE(S)
RECEIVED

5-22-90

AMOUNT(S)
RECEIVED
THIS PERIOD

1,000.00

RECEIPT DESCRIPTION (If Applicable)

Fund Raiser Tickets

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code)

AAA Budget Self Storage - T/A Statewide Self Storage
59-63 Mine Brook Road
Bernardsville, NJ 07924

DATE(S)
RECEIVED

5-25-90

AMOUNT(S)
RECEIVED
THIS PERIOD

1,000.00

RECEIPT DESCRIPTION (If Applicable)

Fund Raiser Tickets

AGGREGATE
YEAR-TO-DATE

1

SUBTOTAL (Add all receipts listed on this page.)

7,500.00

2

GRAND TOTAL, THIS PERIOD (Complete this line on the last page used for each receipt type.
Enter total on "Table 1. Receipts" Line 13-b, 13-d, 14, or 15.)

ITEMIZED RECEIPTS (Other than Loans)

FORM R-3
SCHEDULE

PAGE NO.

3 of 16

RE AS-0005-X1 (4-84)

LINE NO.

for

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

RECEIPT TYPE (Use a separate "Schedule A" for each type.)

☒ Monetary
Contributions
(For Line 13-b)

☐ In-Kind Contributions
(Expenditures Made By
Others—For Line 13-d)

☐ Reimbursements/
Refunds
(For Line 14)

☐ Dividends/
Interest
(For Line 15)

FULL COMMITTEE NAME

Friends of Bob Smith

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code)

Heather Glen Assoc.
4 Ethel Road, Suite 405-A
Edison, NJ 08817

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

5-25-90

1,000.00

RECEIPT DESCRIPTION (If Applicable)

Fund Raiser Tickets

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code)

Geerlings Greenhouses
496 William Street
Piscataway, NJ 08854

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

5-22-90

500.00

RECEIPT DESCRIPTION (If Applicable)

Fund Raiser Tickets

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code)

E. G. Plastic Corp.
116 39th Street
Brooklyn, NY 11232

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

5-29-90

500.00

RECEIPT DESCRIPTION (If Applicable)

Fund Raiser Tickets

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code)

Menlo Engineering Assoc.
261 Cleveland Avenue
Highland Park, NJ 08904

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

6-12-90

1,000.00

RECEIPT DESCRIPTION (If Applicable)

Fund Raiser Tickets

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code)

Epic Inc.
136 Eleventh Street
Piscataway, NJ 08854

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

6-08-90

500.00

RECEIPT DESCRIPTION (If Applicable)

Fund Raiser Tickets

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code)

Vincent Vocisano Mason Contractors Inc.
42 Wickley Avenue
Piscataway, NJ 08854

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

6-12-90

500.00

RECEIPT DESCRIPTION (If Applicable)

Fund Raiser Tickets

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code)

Corporate Park 287
75 Eisenhower Parkway
Roseland, NJ 07068-1696

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

6-11-90

2,000.00

RECEIPT DESCRIPTION (If Applicable)

Fund Raiser Tickets

AGGREGATE
YEAR-TO-DATE

1 SUBTOTAL (Add all receipts listed on this page)

6,000 -

2 GRAND TOTAL, THIS PERIOD (Complete this line on the last page used for each receipt type.
Enter total on "Table 1. Receipts" Line 13-b, 13-d, 14, or 15.)

ITEMIZED RECEIPTS (Other than Loans)

FORM R-3
SCHEDULE

PAGE NO.

4 of 16

LINE NO.

for

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

RECEIPT TYPE (Use a separate "Schedule A" for each type.)

☒ Monetary Contributions (For Line 13-b)
 ☐ In-Kind Contributions (Expenditures Made By Others—For Line 13-d)
 ☐ Reimbursements/Refunds (For Line 14)
 ☐ Dividends/Interest (For Line 15)

FULL COMMITTEE NAME

Friends of Bob Smith

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Kupper Associates
15 Stelton Road
Piscataway, NJ 08854DATE(S)
RECEIVEDAMOUNT(S)
RECEIVED
THIS PERIOD

6-11-90

3,000.00

RECEIPT DESCRIPTION (If Applicable)

Fund Raiser Tickets

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

A & A Mason Contractors
1033 New Market Avenue
So. Plainfield, NJ 07080DATE(S)
RECEIVEDAMOUNT(S)
RECEIVED
THIS PERIOD

6-04-90

500.00

RECEIPT DESCRIPTION (If Applicable)

Fund Raiser Tickets

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Joseph J. Rea Agency
463 South Washington Avenue
Piscataway, NJ 08854DATE(S)
RECEIVEDAMOUNT(S)
RECEIVED
THIS PERIOD

6-07-90

500.00

RECEIPT DESCRIPTION (If Applicable)

Fund Raiser Tickets

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Thomas J. Sharkey Insurance
21 Commerce Drive, PO Box 550
Cranford, NJ 07016DATE(S)
RECEIVEDAMOUNT(S)
RECEIVED
THIS PERIOD

5-14-90

500.00

RECEIPT DESCRIPTION (If Applicable)

Fund Raiser Tickets

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

R.D.L. Associates
PO Box 41
Edison, NJ 08817DATE(S)
RECEIVEDAMOUNT(S)
RECEIVED
THIS PERIOD

6-07-90

1,500.00

RECEIPT DESCRIPTION (If Applicable)

Fund Raiser Tickets

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Greenber Margolis
3 ADP Boulevard
Roseland, NJ 07068DATE(S)
RECEIVEDAMOUNT(S)
RECEIVED
THIS PERIOD

6-07-90

1,500.00

RECEIPT DESCRIPTION (If Applicable)

Fund Raiser Tickets

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

USA Container Co.
1776 S. Second Street
Piscataway, NJ 08854DATE(S)
RECEIVEDAMOUNT(S)
RECEIVED
THIS PERIOD

6-07-90

500.00

RECEIPT DESCRIPTION (If Applicable)

Fund Raiser Tickets

AGGREGATE
YEAR-TO-DATE

1 SUBTOTAL (Add all receipts listed on this page.)

8,000

2 GRAND TOTAL, THIS PERIOD (Complete this line on the last page used for each receipt type. Enter total on "Table 1. Receipts" Line 13-b, 13-d, 14, or 15.)

ITEMIZED RECEIPTS (Other than Loans)

FORM R-3
SCHEDULE

PAGE NO.

5 of 16

LINE NO.

for

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

RECEIPT TYPE (Use a separate "Schedule A" for each type.)

☒ Monetary
Contributions
(For Line 13-b)☐ In-Kind Contributions
(Expenditures Made By
Others—For Line 13-d)☐ Reimbursements/
Refunds
(For Line 14)☐ Dividends/
Interest
(For Line 15)

FULL COMMITTEE NAME

Friends of Bob Smith

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code)

American Realty & Investing Co.
620 Longview Road
South Orange, NJ 07079DATE(S)
RECEIVED

6-07-90

AMOUNT(S)
RECEIVED
THIS PERIOD

500.00

RECEIPT DESCRIPTION (If Applicable)

Fund Raiser Tickets

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code)

RCK Developments
32811 Middlebelt Road
Farmington Hills, Michigan 48018DATE(S)
RECEIVED

5-18-90

AMOUNT(S)
RECEIVED
THIS PERIOD

1,000.00

RECEIPT DESCRIPTION (If Applicable)

Fund Raiser Tickets

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code)

Moore's Trucking Co.
PO Box 817 - Stelton Road
Piscataway, NJ 08854DATE(S)
RECEIVED

6-04-90

AMOUNT(S)
RECEIVED
THIS PERIOD

500.00

RECEIPT DESCRIPTION (If Applicable)

Fund Raiser Tickets

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code)

Trico Plumbing
PO Box 1189
Mountainside, NJ 07092DATE(S)
RECEIVED

5-01-90

AMOUNT(S)
RECEIVED
THIS PERIOD

500.00

RECEIPT DESCRIPTION (If Applicable)

Fund Raiser Tickets

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code)

Dufek Inc.
585 N. Michigan Avenue
Kenilworth, NJ 07033DATE(S)
RECEIVED

6-05-90

AMOUNT(S)
RECEIVED
THIS PERIOD

500.00

RECEIPT DESCRIPTION (If Applicable)

Fund Raiser Tickets

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code)

International Brotherhood of Electrical Worker's Local 358
340 Convery Blvd. - PO Box 188
Perth Amboy, NJ 08862DATE(S)
RECEIVED

5-14-90

AMOUNT(S)
RECEIVED
THIS PERIOD

1,000.00

RECEIPT DESCRIPTION (If Applicable)

Fund Raiser Tickets

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code)

International Brotherhood of Electrical Worker's Local 456
1295 Livingston Avenue
North Brunswick, NJ 08902DATE(S)
RECEIVED

4-18-90

AMOUNT(S)
RECEIVED
THIS PERIOD

500.00

RECEIPT DESCRIPTION (If Applicable)

Fund Raiser Tickets

AGGREGATE
YEAR-TO-DATE

1

SUBTOTAL (Add all receipts listed on this page.)

4,500

2

GRAND TOTAL, THIS PERIOD (Complete this line on the last page used for each receipt type.
Enter total on "Table 1. Receipts" Line 13-b, 13-d, 14, or 15.)

ITEMIZED RECEIPTS (Other than Loans)	FORM R-3 SCHEDULE E	PAGE NO. 6 of 16	LINE NO. for
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PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

☒ Monetary Contributions (For Line 13-b)	☐ In-Kind Contributions (Expenditures Made By Others—For Line 13-d)	☐ Reimbursements/Refunds (For Line 14)	☐ Dividends/Interest (For Line 15)
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FULL COMMITTEE NAME Friends of Bob Smith

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.) New Jersey Dental Association One Dental Plaza North Brunswick, NJ 08902	DATE(S) RECEIVED 5-22-90	AMOUNT(S) RECEIVED THIS PERIOD 500.00
RECEIPT DESCRIPTION (If Applicable) Fund Raiser Tickets	AGGREGATE YEAR-TO-DATE	

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.) K. Hovnanian 225 Highway 35 Red Bank, NJ 07701	DATE(S) RECEIVED 6-11-90	AMOUNT(S) RECEIVED THIS PERIOD 1,000.00
RECEIPT DESCRIPTION (If Applicable) Fund Raiser Tickets	AGGREGATE YEAR-TO-DATE	

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.) Dowel Associates 135 Bloomfield Avenue Bloomfield, NJ 07003	DATE(S) RECEIVED 6-09-90	AMOUNT(S) RECEIVED THIS PERIOD 500.00
RECEIPT DESCRIPTION (If Applicable) Fund Raiser Tickets	AGGREGATE YEAR-TO-DATE	

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.) Hoes Lane Office Center 201 Route 17 North Rutherford, NJ 07070	DATE(S) RECEIVED 6-09-90	AMOUNT(S) RECEIVED THIS PERIOD 1,000.00
RECEIPT DESCRIPTION (If Applicable) Fund Raiser Tickets	AGGREGATE YEAR-TO-DATE	

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
RECEIPT DESCRIPTION (If Applicable)	AGGREGATE YEAR-TO-DATE	

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
RECEIPT DESCRIPTION (If Applicable)	AGGREGATE YEAR-TO-DATE	

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
RECEIPT DESCRIPTION (If Applicable)	AGGREGATE YEAR-TO-DATE	

1	SUBTOTAL (Add all receipts listed on this page.)	3,100
2	GRAND TOTAL, THIS PERIOD (Complete this line on the last page used for each receipt type. Enter total on "Table 1. Receipts" Line 13-b, 13-d, 14, or 15.)	

ITEMIZED RECEIPTS (Other than Loans)

FORM R-3
SCHEDULE A

PAGE NO.

7 of 16

LINE NO

for

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

RECEIPT TYPE (Use a separate "Schedule A" for each type.)

☒ Monetary
Contributions
(For Line 13-b)

☐ In-Kind Contributions
(Expenditures Made By
Others—For Line 13-d)

☐ Reimbursements/
Refunds
(For Line 14)

☐ Dividends/
Interest
(For Line 15)

FULL COMMITTEE NAME
Friends of Bob Smith

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

For New Jersey PAC
PO Box 1111 Andover, N.J. 07821

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

5/4

500.00

RECEIPT DESCRIPTION (If Applicable)
Tickets

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

N.J. Education Association
180 West State Street
Trenton, N.J. 08608

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

5/4

500.00

RECEIPT DESCRIPTION (If Applicable)
Tickets

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

N.J. UAW PAC
16 Commerce Drive
Newark, N.J. 07102

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

5/4

1,000.00

RECEIPT DESCRIPTION (If Applicable)
Tickets

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

N.J. State Laborers PAC
311 Valley Street, South Orange, N.J. 07079

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

5/22

1,000.00

RECEIPT DESCRIPTION (If Applicable)
Tickets

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

N.J. State Political Action Committee
540 Broad Street
Newark, N.J. 07102

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

6/7

500.00

RECEIPT DESCRIPTION (If Applicable)
Tickets

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Plumbers & Pipefitters Local Union #9
Political Action 76 Gilbert Road, West Tinton Falls, N.J. 07701

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

6/21

250.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

1 SUBTOTAL (Add all receipts listed on this page.)

3,750

2 GRAND TOTAL, THIS PERIOD (Complete this line on the last page used for each receipt type.
Enter total on "Table 1, Receipts" Line 13-b, 13-d, 14, or 15.)

ITEMIZED RECEIPTS (Other than Loans)

FORM R-3
SCHEDULE A

PAGE NO.

8 of 16

LINE NO.

for

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

RECEIPT TYPE (Use a separate "Schedule A" for each type.)

☒ Monetary
Contributions
(For Line 13-b)

☐ In-Kind Contributions
(Expenditures Made By
Others—For Line 13-d)

☐ Reimbursements/
Refunds
(For Line 14)

☐ Dividends/
Interest
(For Line 15)

FULL COMMITTEE NAME

Friends of Bob Smith Committee

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Public Education Committee
NJ Motor Truck Association
160 Tiges Lane, East Brunswick, N.J.

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

5/29/90

500.00

RECEIPT DESCRIPTION (If Applicable)

Tickets fund raiser

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

PSE&G Mgmt PAC
7 Claire Lane
Hamilton Township, N.J. 08690

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

6/11/90

1000.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Johnson & Johnson Employees Good Government PAC
1 Johnson & Johnson Plaza
New Brunswick, N.J. 08933

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

6/1

250.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Builders Political Action Committee
1000 Route 9 Woodbridge, N.J. 07095

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

6/1

1,250.00

6/7

500.00

RECEIPT DESCRIPTION (If Applicable)

Tickets

AGGREGATE
YEAR-TO-DATE

1,750.00

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

Central Jersey Builders PAC
44 Stelton Road Piscataway, N.J. 08854

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

6/1

1,250.00

RECEIPT DESCRIPTION (If Applicable)

Tickets

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

N.J. Health Care Pac
Lexington Square Commons
2131 Route 33, Trenton, N.J. 08690

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

5/4

500.00

RECEIPT DESCRIPTION (If Applicable)

Tickets

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

I.B. C. pac
16 Commerce Drive, Cranford, N.J.

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

5/8

200.00

RECEIPT DESCRIPTION (If Applicable)

Tickets

AGGREGATE
YEAR-TO-DATE

1 SUBTOTAL (Add all receipts listed on this page.)

5450

2 GRAND TOTAL, THIS PERIOD (Complete this line on the last page used for each receipt type.
Enter total on "Table 1. Receipts" Line 13-b, 13-d, 14, or 15.)

ITEMIZED RECEIPTS (Other than Loans)

FORM R-3
SCHEDULE A

PAGE NO.

9 of 16

LINE NO.

for

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

RECEIPT TYPE (Use a separate "Schedule A" for each type.)

☒ Monetary Contributions (For Line 13-b)
 ☐ In-Kind Contributions (Expenditures Made By Others—For Line 13-d)
 ☐ Reimbursements/Refunds (For Line 14)
 ☐ Dividends/Interest (For Line 15)

FULL COMMITTEE NAME

FRIENDS OF BOB SMITH

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

JACK BORRUS - PO BOX 1963

2875 HIGHWAY 1

NORTH BRUNSWICK NJ 08902

DATE(S)
RECEIVEDAMOUNT(S)
RECEIVED
THIS PERIOD

6-4-90

500.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FUNDRAISER TICKETS

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

SYLVESTER SULLIVAN - 280 MENDHAM ROAD

BERNARDSVILLE, NJ 07924

DATE(S)
RECEIVEDAMOUNT(S)
RECEIVED
THIS PERIOD

6-4-90

250.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FUNDRAISER TICKETS

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

YEOW CHING TONG - 1090 STELTON ROAD

PISCATAWAY NJ 08854

DATE(S)
RECEIVEDAMOUNT(S)
RECEIVED
THIS PERIOD

6-4-90

1,000.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

2,000.00

FUNDRAISER TICKETS

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

WILLIAM KOPSAFTIS - 14 CARPATHIA STREET

PISCATAWAY NJ 08854

DATE(S)
RECEIVEDAMOUNT(S)
RECEIVED
THIS PERIOD

6-6-90

1,000.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FUNDRAISER TICKETS

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

HOWARD GRAN - 1550 PARK AVENUE

SOUTH PLAINFIELD NJ 07080

DATE(S)
RECEIVEDAMOUNT(S)
RECEIVED
THIS PERIOD

5-29-90

500.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FUNDRAISER TICKETS

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

DAVID M FOLEY - 10 KAREN DRIVE

MILLTOWN NJ 08850

DATE(S)
RECEIVEDAMOUNT(S)
RECEIVED
THIS PERIOD

5-31-90

500.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FUNDRAISER TICKETS

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

ABBEY GRAN - 2300 WALNUT STREET NO. 411

PHILADELPHIA PA 19103

DATE(S)
RECEIVEDAMOUNT(S)
RECEIVED
THIS PERIOD

5-31-90

500.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FUNDRAISER TICKETS

1 SUBTOTAL (Add all receipts listed on this page.)

5,250.00

2 GRAND TOTAL, THIS PERIOD (Complete this line on the last page used for each receipt type.
Enter total on "Table 1. Receipts" Line 13-b, 13-d, 14, or 15.)

ITEMIZED RECEIPTS (Other than Loans)

FORM R-3
SCHEDULE A

PAGE NO.

10 of 16

LINE NO.

for

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

RECEIPT TYPE (Use a separate "Schedule A" for each type.)

☒ Monetary
Contributions
(For Line 13-b)☐ In-Kind Contributions
(Expenditures Made By
Others—For Line 13-d)☐ Reimbursements/
Refunds
(For Line 14)☐ Dividends/
Interest
(For Line 15)

FULL COMMITTEE NAME

FRIENDS OF BOB SMITH

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

RUTH SHAPACK - 998 KENYON AVENUE
PLAINFIELD NJ 07060DATE(S)
RECEIVED

6-4-90

AMOUNT(S)
RECEIVED
THIS PERIOD

500.00

RECEIPT DESCRIPTION (If Applicable)

FUNDRAISER TICKETS

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

SUE GRAN - NO. LAKESIDE DRIVE
PISCATAWAY NJ 08854DATE(S)
RECEIVED

5-16-90

AMOUNT(S)
RECEIVED
THIS PERIOD

500.00

RECEIPT DESCRIPTION (If Applicable)

FUNDRAISER TICKETS

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

RICHARD H BAUCH - 94 GEENWOOD DRIVE
MILLBURN NJ 07041DATE(S)
RECEIVED

6-4-90

AMOUNT(S)
RECEIVED
THIS PERIOD

500.00

RECEIPT DESCRIPTION (If Applicable)

FUNDRAISER TICKETS

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

CURTIS LEE SMITH - 55 OCEAN AVENUE APT. 10A
MONMOUTH BEACH NJ 07750DATE(S)
RECEIVED

6-4-90

AMOUNT(S)
RECEIVED
THIS PERIOD

1,000.00

RECEIPT DESCRIPTION (If Applicable)

FUNDRAISER TICKETS

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

CLAUDIO RODRIGO - 6 REEDER PLACE
SUFFERN NY 10901DATE(S)
RECEIVED

6-12-90

AMOUNT(S)
RECEIVED
THIS PERIOD

1,000.00

RECEIPT DESCRIPTION (If Applicable)

FUNDRAISER TICKETS

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

LAWRENCE R CODEY - 1000 1ST AVENUE
SPRING LAKE NJ 07726DATE(S)
RECEIVED

5-25-90

AMOUNT(S)
RECEIVED
THIS PERIOD

500.00

RECEIPT DESCRIPTION (If Applicable)

FUNDRAISER TICKETS

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

C BERNARD BLUM JR - 60 WASHINGTON
RUMSON NJ 07070DATE(S)
RECEIVED

6-8-90

AMOUNT(S)
RECEIVED
THIS PERIOD

500.00

RECEIPT DESCRIPTION (If Applicable)

FUNDRAISER TICKETS

AGGREGATE
YEAR-TO-DATE

1 SUBTOTAL (Add all receipts listed on this page.)

4,500.00

2 GRAND TOTAL, THIS PERIOD (Complete this line on the last page used for each receipt type.
Enter total on "Table 1. Receipts" Line 13-b, 13-d, 14, or 15.)

ITEMIZED RECEIPTS (Other than Loans)

 FORM R-3
SCHEDULE A

PAGE NO.

11 of 16

LINE NO.

for

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

RECEIPT TYPE (Use a separate "Schedule A" for each type.)

- ☒ Monetary Contributions (For Line 13-b)
 ☐ In-Kind Contributions (Expenditures Made By Others—For Line 13-d)
 ☐ Reimbursements/Refunds (For Line 14)
 ☐ Dividends/Interest (For Line 15)

FULL COMMITTEE NAME

FRIENDS OF BOB SMITH

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

 KEVIN F TOOLAN - 6 RICHARD COURT
MANALAPAN NJ 07726

 DATE(S)
RECEIVED

 AMOUNT(S)
RECEIVED
THIS PERIOD

6-11-90

500.00

RECEIPT DESCRIPTION (If Applicable)

FUNDRAISER TICKETS

 AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

 RICHARD A KOSENSKI - 16 DOREEN DRIVE
OCEANPORT NJ 07757

 DATE(S)
RECEIVED

 AMOUNT(S)
RECEIVED
THIS PERIOD

6-11-90

500.00

RECEIPT DESCRIPTION (If Applicable)

FUNDRAISER TICKETS

 AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

 EDWARD G BROBERG - 19 EAST BROOK DRIVE
HOLMDEL NJ 07733

 DATE(S)
RECEIVED

 AMOUNT(S)
RECEIVED
THIS PERIOD

6-11-90

500.00

RECEIPT DESCRIPTION (If Applicable)

FUNDRAISER TICKETS

 AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

 MAUDE TOMAI - 70 CHERRYBROOK DRIVE
PRINCETON NJ 08540

 DATE(S)
RECEIVED

 AMOUNT(S)
RECEIVED
THIS PERIOD

6-11-90

950.00

RECEIPT DESCRIPTION (If Applicable)

FUNDRAISER TICKETS

 AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

 SHEILA FISHKIN - 21 ORANGE DRIVE
MARLBORO NJ 07746

 DATE(S)
RECEIVED

 AMOUNT(S)
RECEIVED
THIS PERIOD

6-11-90

750.00

RECEIPT DESCRIPTION (If Applicable)

FUNDRAISER TICKETS

 AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

KENNETH J GOLDMAN

 DATE(S)
RECEIVED

 AMOUNT(S)
RECEIVED
THIS PERIOD

6-4-90

1,000.00

RECEIPT DESCRIPTION (If Applicable)

FUNDRAISER TICKETS

 AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

 LINDA HIP-FLORES - 281 RIVER ROAD
PISCATAWAY NJ 08854

 DATE(S)
RECEIVED

 AMOUNT(S)
RECEIVED
THIS PERIOD

6-11-90

1,000.00

RECEIPT DESCRIPTION (If Applicable)

FUNDRAISER TICKETS

 AGGREGATE
YEAR-TO-DATE

1 SUBTOTAL (Add all receipts listed on this page.)

5,200.00

 2 GRAND TOTAL, THIS PERIOD (Complete this line on the last page used for each receipt type.
Enter total on "Table 1. Receipts" Line 13-b, 13-d, 14, or 15.)

ITEMIZED RECEIPTS (Other than Loans)

FORM R-3
SCHEDULE

PAGE NO.

12 of 16

LINE NO.

for

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

RECEIPT TYPE (Use a separate "Schedule A" for each type.)


Monetary
Contributions
(For Line 13-b)

In-Kind Contributions
(Expenditures Made By
Others—For Line 13-d)

Reimbursements/
Refunds
(For Line 14)

Dividends/
Interest
(For Line 15)

FULL COMMITTEE NAME

FRIENDS OF BOB SMITH

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code)

JENNIE LOSCIALO - 218 N. RANDOLPHVILLE ROAD
PISCATAWAY NJ 08854

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

6-7-90

1,000.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FUNDRAISER TICKETS

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code)

LAURENCE RUBENSTEIN - 10 PLAINFIELD AVENUE
PISCATAWAY NJ 08854

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

6-7-90

500.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FUNDRAISER TICKETS

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code)

MAURICE WEILL - 51 COMMERCE STREET
SPRINGFIELD NJ 07081

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

6-7-90

500.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FUNDRAISER TICKETS

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code)

HARRY S. ALLEN - PO BOX 515
GLADSTONE NJ 07934

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

6-11-90

500.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FUNDRAISER TICKETS

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code)

LEA A. ALLEN - BROKEN HILL FARM
OLD CHESTER ROAD
GLADSTONE NJ 07934

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

6-11-90

500.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FUNDRAISER TICKETS

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code)

JOHN L. BUZZI - 15 STELTON ROAD
PISCATAWAY NJ 08854

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

6-11-90

1,000.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FUNDRAISER TICKETS

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code)

HAROLD FISHKIN - 21 ORANGE DRIVE
MARLBORO NJ 07746

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

6-11-90

750.00

RECEIPT DESCRIPTION (If Applicable)

AGGREGATE
YEAR-TO-DATE

FUNDRAISER TICKETS

1 SUBTOTAL (Add all receipts listed on this page.)

4,750.00

2 GRAND TOTAL, THIS PERIOD (Complete this line on the last page used for each receipt type.
Enter total on "Table 1. Receipts" Line 13-b, 13-d, 14, or 15.)

ITEMIZED RECEIPTS (Other than Loans)

FORM R-3
SCHEDULE A

PAGE NO.

13 of 16

LINE NO.

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

RECEIPT TYPE (Use a separate "Schedule A" for each type.)

Monetary
Contributions
(For Line 13-b)In-Kind Contributions
(Expenditures Made By
Others—For Line 13-d)Reimbursements/
Refunds
(For Line 14)Dividends/
Interest
(For Line 15)

FULL COMMITTEE NAME

FRIENDS OF BOB SMITH

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

FREDERICK THOMPSON - 2211 RAMSHORN DRIVE
ALLENWOOD NJ 08729DATE(S)
RECEIVED

6-1-90

AMOUNT(S)
RECEIVED
THIS PERIOD

500.00

RECEIPT DESCRIPTION (If Applicable)

FUNDRAISER TICKETS

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

EDWARD KOHLBECKER - 205 OAK LANE
CRANFORD NJ 07017DATE(S)
RECEIVED

6-1-90

AMOUNT(S)
RECEIVED
THIS PERIOD

500.00

RECEIPT DESCRIPTION (If Applicable)

FUNDRAISER TICKETS

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

DAVID SENER - 94 VINEYARD ROAD
EDISON NJ 08837DATE(S)
RECEIVED

5-9-90

AMOUNT(S)
RECEIVED
THIS PERIOD

500.00

RECEIPT DESCRIPTION (If Applicable)

FUNDRAISER TICKETS

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

WILLIAM DITTMANN - 70 RICHARD ROAD
EDISON NJDATE(S)
RECEIVED

6-1-90

AMOUNT(S)
RECEIVED
THIS PERIOD

500.00

RECEIPT DESCRIPTION (If Applicable)

FUNDRAISER TICKETS

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

VICTOR DI LEO - 1315 STELTON ROAD
PISCATAWAY NJ 00854DATE(S)
RECEIVED

6-11-90

AMOUNT(S)
RECEIVED
THIS PERIOD

500.00

RECEIPT DESCRIPTION (If Applicable)

FUNDRAISER TICKETS

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

VALERIE EPSTEIN - 20 RED CLIFF AVENUE APT 3C
HIGHLAND PARK NJ 08004DATE(S)
RECEIVED

5-23-90

AMOUNT(S)
RECEIVED
THIS PERIOD

1,000.00

RECEIPT DESCRIPTION (If Applicable)

FUNDRAISER TICKETS

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

JANE H ANDRUSKY - 253 NORTH DRIVE
NORTH PLAINFIELD NJ 07063DATE(S)
RECEIVED

5-23-90

AMOUNT(S)
RECEIVED
THIS PERIOD

1,000.00

RECEIPT DESCRIPTION (If Applicable)

FUNDRAISER TICKETS

AGGREGATE
YEAR-TO-DATE

1 SUBTOTAL (Add all receipts listed on this page.)

4,500.00

2 GRAND TOTAL, THIS PERIOD (Complete this line on the last page used for each receipt type.
Enter total on "Table 1. Receipts" Line 13-b, 13-d, 14, or 15.)

ITEMIZED RECEIPTS (Other than Loans)

FORM R-3
SCHEDULE APAGE NO.
14 of 16LINE NO.
for

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

RECEIPT TYPE (Use a separate "Schedule A" for each type.)

Monetary
Contributions
(For Line 13-b)In-Kind Contributions
(Expenditures Made By
Others—For Line 13-d)Reimbursements/
Refunds
(For Line 14)Dividends/
Interest
(For Line 15)

FULL COMMITTEE NAME

FRIENDS OF BOB SMITH

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

ZIGA RUSHANSKI - 89 WEBB STREET
EDISON NJ 08820DATE(S)
RECEIVEDAMOUNT(S)
RECEIVED
THIS PERIOD

5-23-90

1,000.00

RECEIPT DESCRIPTION (If Applicable)

FUNDRAISER TICKETS

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

JULIAN S LEWKOWICZ - 17 OLIVER STREET
EDISON NJ 08820DATE(S)
RECEIVEDAMOUNT(S)
RECEIVED
THIS PERIOD

5-23-90

1,000.00

RECEIPT DESCRIPTION (If Applicable)

FUNDRAISER TICKETS

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

MICHAEL A SEIDNER - 16 WRIGHT STREET
EDISON NJ 08820DATE(S)
RECEIVEDAMOUNT(S)
RECEIVED
THIS PERIOD

5-23-90

1,000.00

RECEIPT DESCRIPTION (If Applicable)

FUNDRAISER TICKETS

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

GALE PALEY - 286 BROAD STREET
RED BANK NJ 07701DATE(S)
RECEIVEDAMOUNT(S)
RECEIVED
THIS PERIOD

5-25-90

250.00

RECEIPT DESCRIPTION (If Applicable)

FUNDRAISER TICKETS

AGGREGATE
YEAR-TO-DATE

500.00

5-25-90

250.00

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

DOMINICK ROSS - 17 RAVINE DRIVE
COLONIA NJ 07067DATE(S)
RECEIVEDAMOUNT(S)
RECEIVED
THIS PERIOD

5-15-90

500.00

RECEIPT DESCRIPTION (If Applicable)

FUNDRAISER TICKETS

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

DOMENIC GATTO - 136 MONMOUTH ROAD
SPOTTSWOOD NJ 08884DATE(S)
RECEIVEDAMOUNT(S)
RECEIVED
THIS PERIOD

5-15-90

500.00

RECEIPT DESCRIPTION (If Applicable)

FUNDRAISER TICKETS

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

ANGIE GALAND - 210 CATHERINE STREET
STATEN ISLAND NY 10302DATE(S)
RECEIVEDAMOUNT(S)
RECEIVED
THIS PERIOD

5-15-90

500.00

RECEIPT DESCRIPTION (If Applicable)

FUNDRAISER TICKETS

AGGREGATE
YEAR-TO-DATE

1 SUBTOTAL (Add all receipts listed on this page.)

5,000.00

2 GRAND TOTAL, THIS PERIOD (Complete this line on the last page used for each receipt type.
Enter total on "Table 1. Receipts" Line 13-b, 13-d, 14, or 15.)

ITEMIZED RECEIPTS (Other than Loans)

FORM R-3
SCHEDULE A

PAGE NO.

15 of 16

LINE NO.

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

RECEIPT TYPE (Use a separate "Schedule A" for each type.)



Monetary
Contributions
(For Line 13-b)



In-Kind Contributions
(Expenditures Made By
Others—For Line 13-d)



Reimbursements/
Refunds
(For Line 14)



Dividends/
Interest
(For Line 15)

FULL COMMITTEE NAME

FRIENDS OF BOB SMITH

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

ROSALIE WYNN - 7 EAST BROADWAY
STATNE ISLAND NY 10306

DATE(S)
RECEIVED

5-15-90

AMOUNT(S)
RECEIVED
THIS PERIOD

500.00

RECEIPT DESCRIPTION (If Applicable)

FUNDRAISER TICKETS

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

JANET DE BERNARDO - 120 GETZ AVENUE
STATEN ISLAND NY 10312

DATE(S)
RECEIVED

5-15-90

AMOUNT(S)
RECEIVED
THIS PERIOD

500.00

RECEIPT DESCRIPTION (If Applicable)

FUNDRAISER TICKETS

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

DENNIS ALAN AUCIELLO - R.D.1 BOX 405T
SOMERSET NJ 08873

DATE(S)
RECEIVED

5-29-90

AMOUNT(S)
RECEIVED
THIS PERIOD

150.00

RECEIPT DESCRIPTION (If Applicable)

FUNDRAISER TICKETS

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

JAMES CLARKIN - 419 ELWOOD STREET
PISCATAWAY NJ 08854

DATE(S)
RECEIVED

6-29-90

AMOUNT(S)
RECEIVED
THIS PERIOD

500.00

RECEIPT DESCRIPTION (If Applicable)

FUNDRAISER TICKETS

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

FRANCIS FOLEY - 908 GORDON DRIVE
BRIELLE NJ 08730

DATE(S)
RECEIVED

5-25-90

AMOUNT(S)
RECEIVED
THIS PERIOD

500.00

RECEIPT DESCRIPTION (If Applicable)

FUNDRAISER TICKETS

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

BURTON SHER - 190 GREEN STREET
WOODBIDGE NJ 07095

DATE(S)
RECEIVED

5-25-90

AMOUNT(S)
RECEIVED
THIS PERIOD

500.00

RECEIPT DESCRIPTION (If Applicable)

FUNDRAISER TICKETS

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

ROBIN PERSKY - 91 ADAMS DRIVE
BELLE MEAD NJ 08502

DATE(S)
RECEIVED

5-25-90

AMOUNT(S)
RECEIVED
THIS PERIOD

1,000.00

RECEIPT DESCRIPTION (If Applicable)

FUNDRAISER TICKETS

AGGREGATE
YEAR-TO-DATE

1 SUBTOTAL (Add all receipts listed on this page.)

3,650.00

2 GRAND TOTAL, THIS PERIOD (Complete this line on the last page used for each receipt type.
Enter total on "Table 1. Receipts" Line 13-b, 13-d, 14, or 15.)

ITEMIZED RECEIPTS (other than Loans)

FORM R-3
SCHEDULE

PAGE NO.

16 of 16

LINE NO.

for

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

RECEIPT TYPE (Use a separate "Schedule A" for each type.)

- ☒ Monetary Contributions (For Line 13-b)
 ☐ In-Kind Contributions (Expenditures Made By Others—For Line 13-d)
 ☐ Reimbursements/Refunds (For Line 14)
 ☐ Dividends/Interest (For Line 15)

FULL COMMITTEE NAME

FRINEDS OF BOB SMITH

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

CHARLES SCHEINERMAN - PO BOX 6622
BRIDGEWATER NJ 08807

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

5-25-90

500.00

RECEIPT DESCRIPTION (If Applicable)

FUNDRAISER TICKETS

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

MARK SCHENKMAN - 964 CONCORD WAY
NESHANIC STATION NJ 08853

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

5-25-90

500.00

RECEIPT DESCRIPTION (If Applicable)

FUNDRAISER TICKETS

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

PO BOX 495
VINCENT J DOTOLI INTERSTATE 287 & MCKINLEY STREET
SOUTH PLAINFIELD NJ 07080

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

5-1-90

500.00

RECEIPT DESCRIPTION (If Applicable)

FUNDRAISER TICKETS

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

DANIEL J SIEGEL - 4 EHTEL ROAD
EDISON NJ 08817

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

5-25-90

1,000.00

RECEIPT DESCRIPTION (If Applicable)

FUNDRAISER TICKETS

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

EUGENE SCHENKMAN - 981 ROUTE 22 BOX 6622
BRIDGEWATER NJ 08807

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

5-25-90

1,000.00

RECEIPT DESCRIPTION (If Applicable)

FUNDRAISER TICKETS

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

MURRAY KUSHNER - PO BOX 6622
BRIDGEWATER NJ 08807

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

5-25-90

1,000.00

RECEIPT DESCRIPTION (If Applicable)

FUNDRAISER TICKETS

AGGREGATE
YEAR-TO-DATE

FULL NAME, ADDRESS (Number and Street, City, State, Zip Code.)

BARRY AGES - 7 TAMARACK DRIVE
NESHANIC STATION NJ 08853

DATE(S)
RECEIVED

AMOUNT(S)
RECEIVED
THIS PERIOD

5-25-9-

1,000.00

RECEIPT DESCRIPTION (If Applicable)

FUNDRAISER TICKETS

AGGREGATE
YEAR-TO-DATE

1 SUBTOTAL (Add all receipts listed on this page.)

5,500.00

2 GRAND TOTAL, THIS PERIOD (Complete this line on the last page used for each receipt type.
Enter total on "Table 1. Receipts" Line 13-b, 13-d, 14, or 15.)

80,550



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

June 5, 1992

John E. Tully
19 Jason Drive
Spring Lake Heights, New Jersey 07762

RE: MUR 3535

Dear Mr. Tully:

This letter acknowledges receipt on June 1, 1992, of your complaint alleging possible violations of the Federal Election Campaign Act of 1971, as amended ("the Act"), by Bob Smith for Congress and Joseph Greco, as treasurer; Friends of Bob Smith and John R. Zuber, as treasurer. The respondents will be notified of this complaint within five days.

You will be notified as soon as the Federal Election Commission takes final action on your complaint. Should you receive any additional information in this matter, please forward it to the Office of the General Counsel. Such information must be sworn to in the same manner as the original complaint. We have numbered this matter MUR 3535. Please refer to this number in all future correspondence. For your information, we have attached a brief description of the Commission's procedures for handling complaints.

Sincerely,

George F. Rishel
George F. Rishel
Assistant General Counsel

Enclosure
Procedures

93040983904



FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

June 5, 1992

John R. Zuber, Treasurer
Friends of Bob Smith
60 Sefton Circle
Piscataway, New Jersey 08854

RE: MUR 3535

Dear Mr. Zuber:

The Federal Election Commission received a complaint which indicates that Friends of Bob Smith ("Committee") and you, as treasurer, may have violated the Federal Election Campaign Act of 1971, as amended ("the Act"). A copy of the complaint is enclosed. We have numbered this matter MUR 3535. Please refer to this number in all future correspondence.

Under the Act, you have the opportunity to demonstrate in writing that no action should be taken against Friends of Bob Smith and you, as treasurer, in this matter. Please submit any factual or legal materials which you believe are relevant to the Commission's analysis of this matter. Where appropriate, statements should be submitted under oath. Your response, which should be addressed to the General Counsel's Office, must be submitted within 15 days of receipt of this letter. If no response is received within 15 days, the Commission may take further action based on the available information.

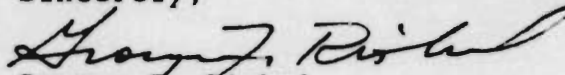
This matter will remain confidential in accordance with 2 U.S.C. § 437g(a)(4)(B) and § 437g(a)(12)(A) unless you notify the Commission in writing that you wish the matter to be made public. If you intend to be represented by counsel in this matter, please advise the Commission by completing the enclosed form stating the name, address and telephone number of such counsel, and authorizing such counsel to receive any notifications and other communications from the Commission.

93040983905

Page 2

If you have any questions, please contact Jeffrey D. Long, the attorney assigned to this matter, at (202) 219-3690. For your information, we have enclosed a brief description of the Commission's procedures for handling complaints.

Sincerely,



George F. Rishel
Assistant General Counsel

Enclosures

1. Complaint
2. Procedures
3. Designation of Counsel Statement

93040983906



FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

June 5, 1992

Joseph Greco, Treasurer
Bob Smith for Congress
44 Stelton Road
Piscataway, New Jersey 08854

RE: MUR 3535

Dear Mr. Greco:

The Federal Election Commission received a complaint which indicates that Bob Smith for Congress ("Committee") and you, as treasurer, may have violated the Federal Election Campaign Act of 1971, as amended ("the Act"). A copy of the complaint is enclosed. We have numbered this matter MUR 3535. Please refer to this number in all future correspondence.

Under the Act, you have the opportunity to demonstrate in writing that no action should be taken against Bob Smith for Congress and you, as treasurer, in this matter. Please submit any factual or legal materials which you believe are relevant to the Commission's analysis of this matter. Where appropriate, statements should be submitted under oath. Your response, which should be addressed to the General Counsel's Office, must be submitted within 15 days of receipt of this letter. If no response is received within 15 days, the Commission may take further action based on the available information.

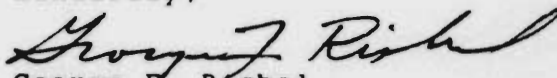
This matter will remain confidential in accordance with 2 U.S.C. § 437g(a)(4)(B) and § 437g(a)(12)(A) unless you notify the Commission in writing that you wish the matter to be made public. If you intend to be represented by counsel in this matter, please advise the Commission by completing the enclosed form stating the name, address and telephone number of such counsel, and authorizing such counsel to receive any notifications and other communications from the Commission.

93040983907

Page 2

If you have any questions, please contact Jeffrey D. Long, the attorney assigned to this matter, at (202) 219-3690. For your information, we have enclosed a brief description of the Commission's procedures for handling complaints.

Sincerely,



George F. Rishel
Assistant General Counsel

Enclosures

1. Complaint
2. Procedures
3. Designation of Counsel Statement

930409883908

BOB SMITH FOR CONGRESS

44 STELTON ROAD, ROOM 245
PISCATAWAY, NEW JERSEY 08854
908-968-2500
908-968-3909 FAX

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

JUN 26 9 22 AM '92

June 22, 1992

Jeffrey D. Long, Esq.
Federal Election Commission
999 E Street N.W.
Washington, D.C.

Re: MUR3535

Dear Mr. Long:

Please be advised that I am requesting a 20 day extension of time to respond to the above referenced complaint. The reason for this request is that we are currently searching for records necessary to respond to the complaint and need additional time to complete this task.

It is my understanding that since the notice of complaint was received by my office on June 11, 1992, that the 15 day response period would end on June 26, 1992 and further, that the 20 day extension, if granted, would result in a deadline of July 16, 1992 for a response.

Please confirm by return mail.

Very truly yours,


Bob Smith

cc: Joe Greco

RECEIVED
FEDERAL ELECTION COMMISSION
OFFICE OF GENERAL COUNSEL

92 JUN 26 PM 3:43



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

June 25, 1992

Bob Smith
Bob Smith for Congress
44 Stelton Road, Room 245
Piscataway, New Jersey 08854

RE: MUR 3535
Bob Smith for Congress and
Joseph Greco, as treasurer, and

Friends of Bob Smith and John
Zuber, as treasurer

Dear Mr. Smith:

This is in response to your letter dated June 22, 1992, which we received on that day, requesting an extension of 20 days to respond to the complaint filed in the above-referenced matter. After considering the circumstances presented in your letter, the Office of the General Counsel has granted the requested extension. Accordingly, your response is due by the close of business on July 16, 1992.

If you have any questions, please contact me at (202) 219-3690.

Sincerely,

A handwritten signature in cursive script, which appears to read "Jeffrey D. Long", is written over a horizontal line.

Jeffrey D. Long
Paralegal

93040983910

JUL 14 12 45 PM '92

July 10, 1992

Mr. Jeffrey Long
Federal Election Commission
999 E Street, NW
Washington, D.C. 20463

RE:MUR 3535

Dear Mr. Long:

In response to the above filed complaint we respectfully suggest that no action should be taken with respect to the alleged activities for the reasons set forth below.

Allegation #1 Failure to disclose Cash on Hand

It is our understanding of FEC regulations that the only "Cash on Hand" that was required to be reported under FEC regulations was the cash transferred to the federal campaign account. If the FEC regulations require a reporting of the "Cash on Hand" in the non-federal "Friends of Bob Smith", we will be happy to amend our Receipt of Reports and Disbursement dated March 30, 1992. Please note that FEC Advisory Opinion 1987-16, Vol 16 No. 6 at page 10 indicates that "Cash on Hand should reflect only the amount actually transferred." Please advise.

Allegation #2 Illegal transfer of funds from "Friends of Bob Smith" to "Bob Smith for Congress".

The complainant is unaware that "Friends of Bob Smith" has five segregated checking accounts. The segregated accounts have always been separated by source of contribution. On March 31, 1992 the following balances existed in each account.

Friends of Bob Smith	(personal contribution)	32,888.66
	National Westminster Bank	
Friends of Bob Smith	(personal contributions)	75,927.98
	T. Rowe Price-Tax free	

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OFFICE
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Friends of Bob Smith	(corporate contributions) National Westminster Bank	35,059.33
Friends of Bob Smith	(corporate contributions) T. Rowe Price	22,543.42
Friends of Bob Smith	(PAC contributions) National Westminster Bank	20,587.50

Copies of Bank Statements are enclosed for your review. Therefore our funds have not been comingled or contaminated in any way and, further, the Bank Statements provide evidence that the personal contributions were not "spent on previous State election activities" but, rather, were in segregated accounts on March 31, 1992.

Allegation #3 Contributions aggregating more than \$1000 per individual.

FEC regulations allow the use of prior contributions from individuals on a non-aggregated and non-limited basis according to Advisory Opinion 1987-12(at page 3) and, also, in the June FEC bulletin volume 16 number 6. All contributions alleged to be improperly aggregated by the complainant are exempted pursuant to the above advisories.

If you require any further information please do not hesitate to contact me at my place of business: Bob Smith, Smith & Schechter, 216 Stelton Road, B-1, Piscataway, New Jersey 08854, phone 908-968-5900.

Very truly yours,


Bob Smith

cc: John Zuber
Joseph Grecco

enclosures: Five Statements

sent certified return receipt requested #

HOES LANE OFFICE 845
CIVIC CENTER 480 HOES LANE
PISCATAWAY NJ 08854

92 JUL 14 PM 4:20

CY

11
FRIENDS OF BOB SMITH
COMMITTEE CORPORATE
60 SEFTON CIRCLE
PISCATAWAY N J 08854

DIRECT INQUIRIES TO
908-685-7575
ELECTRONIC I.D. NO.

STATEMENT DATE
03-31-92

COMMERCIAL CHECKING

ACCOUNT NUMBER 8453058647 45305864

BALANCE LAST STATEMENT	ADDITIONS	DEDUCTIONS	ENDING BALANCE
\$10,944.08	\$23,641.66	\$991.94	\$33,593.80

DATE	DESCRIPTION OF ACTIVITY	ADDITIONS	DEDUCTIONS	BALANCE
03/02	BEGINNING BALANCE			10,944.08
03/02	CHECK # 1108 REF 05136908		344.66	10,599.42
03/04	CHECK # 1106 REF 05027961		50.00	10,549.42
03/11	CHECK # 1116 REF 06102520		40.00	10,509.42
03/18	CHECK # 1110 REF 06053642		70.00	10,439.42
03/19	CHECK # 1109 REF 06044535		250.00	10,189.42
03/20	DEPOSIT REF 04120830	9,350.00 ✓		19,539.42
03/20	CHECK # 1114 REF 05026534		30.00	19,509.42
03/20	CHECK # 1118 REF 05024707		75.00	19,434.42
03/20	CHECK # 1119 REF 05033507		16.13	19,418.29
03/24	CHECK # 1113 REF 04033954		50.00	19,368.29
03/26	CREDIT MEMO REF 04269867	41.66 ✓		19,409.95
03/30	CHECK # 1117 REF 04008323		25.00	19,384.95
03/31	DEPOSIT REF 04543134	14,250.00 ✓		33,634.95
03/31	CHECK # 1124 REF 06021169		41.15	33,593.80

1239 25.-
585 100
860 10
545 100
497 60
501 200
3121
54.95
42.5
90.95

1120 25.00
21 75.00
22 125.00
23 100.-
1387.79

Bank Bal 33,593.80
Deposits + 1675
o/s checks - 13,671.79
33,997.81

1115 25.-
1111 42.50
1112 23.34

NAT WEST
FRIENDS OF BOB SMITH
PAC Contr. 65

HOES LANE OFFICE 845
CIVIC CENTER 480 HOES LANE
PISCATAWAY NJ 08854

CY

FRIENDS OF BOB SMITH PAC
C/O J. R. ZUBER
60 SEFTON CIRCLE
PISCATAWAY, N.J. 08854

DIRECT INQUIRIES TO
908-685-7575
ELECTRONIC I.D. NO.

STATEMENT DATE
03-31-92

BUSINESS CHECKING

ACCOUNT NUMBER 8453202004 45320200

BALANCE LAST STATEMENT	ADDITIONS	DEDUCTIONS	ENDING BALANCE
\$18,436.50	\$1,000.00	\$0.00	\$19,436.50

DATE	DESCRIPTION OF ACTIVITY		ADDITIONS	DEDUCTIONS	BALANCE
03/20	BEGINNING BALANCE				18,436.50
03/20	DEPOSIT	REF 04120809	1,000.00		19,436.50

ACTIVITY CHARGES

TYPE	ITEM COUNT	PER ITEM	CHARGED TO YOU
ACCOUNT MAINTENANCE			10.00
DEPOSITS AND OTHER CREDITS	1	0.20	0.20
ITEMS DEPOSITED	3	0.10	0.30
CHECK RECAP OPTION	1	5.00	5.00
TOTAL ACTIVITY CHARGES			15.50
LESS BALANCE CREDIT			15.50
NET SERVICE CHARGE			0.00

*** VISIT YOUR NATWEST BRANCH -- THERE IS A PRIZE WAITING FOR YOU ***

COME INTO ANY NATWEST BRANCH AND ENTER THE "YOU ARE THE STAR AT NATWEST" SWEEPSTAKES FROM
MARCH 23 THROUGH MAY 1. EVERYONE IS A WINNER!

19,436.50
Reg. 1,150.-
20,586.50

National Westminster Bank NJ

A member of the National Westminster Bank Group

RECEIVED

FEDERAL RESERVE COMMISSION

OFFICE

NAT WEST

FRIENDS OF Bob Smith
Personal Contributions

HOES LANE OFFICE 845
CIVIC CENTER 480 HOES LANE
PISCATAWAY NJ 08854

92 JUL 14 PM 4:20

CY

1
FRIENDS OF BOB SMITH
60 SEFTON CIRCLE
PISCATAWAY, N.J. 08854

*for
check*

DIRECT INQUIRIES TO
908-685-7575
ELECTRONIC I.D. NO.

STATEMENT DATE
03-31-92

BUSINESS CHECKING

ACCOUNT NUMBER 8453060110

45306011

BALANCE LAST STATEMENT	ADDITIONS	DEDUCTIONS	ENDING BALANCE
\$19,688.66	\$10,600.00	\$11,000.00	\$19,288.66

DATE	DESCRIPTION OF ACTIVITY	ADDITIONS	DEDUCTIONS	BALANCE
03/20	BEGINNING BALANCE			19,688.66
03/20	DEPOSIT REF 04120813	10,600.00		30,288.66
03/25	DEPOSITED ITEM RETURNED		1,000.00	29,288.66
03/26	DEBIT MEMO REF 04269788		10,000.00	19,288.66

ACTIVITY CHARGES

TYPE	ITEM COUNT	PER ITEM	CHARGED TO YOU
ACCOUNT MAINTENANCE			10.00
CHECKS PAID AND OTHER DEBITS	1	0.12	0.12
DEPOSITS AND OTHER CREDITS	1	0.20	0.20
ITEMS DEPOSITED	16	0.10	1.60
DEPOSITED ITEMS RETURNED	1	6.00	6.00
CHECK RECAP OPTION	1	5.00	5.00
TOTAL ACTIVITY CHARGES			22.92
LESS BALANCE CREDIT			22.92
NET SERVICE CHARGE			0.00

*** VISIT YOUR NATWEST BRANCH -- THERE IS A PRIZE WAITING FOR YOU ***

COME INTO ANY NATWEST BRANCH AND ENTER THE "YOU ARE THE STAR AT NATWEST" SWEEPSTAKES FROM
MARCH 23 THROUGH MAY 1. EVERYONE IS A WINNER!

Inc. less
19,288.66
13,600.00
5,688.66

OK

*Acct used
for transfer
to Congress*

Notice: See reverse side for important information

HOES LANE OFFICE 845
CIVIC CENTER 480 HOES LANE
PISCATAWAY NJ 08854

FRIENDS OF BOB SMITH
60 SEFTON CIRCLE
PISCATAWAY, N.J. 08854

CY

DIRECT INQUIRIES TO
908-685-7575
ELECTRONIC I.D. NO.

STATEMENT DATE
03-01-92

BUSINESS CHECKING

ACCOUNT NUMBER 8453060110

45306011

	BALANCE LAST STATEMENT	ADDITIONS	DEDUCTIONS	ENDING BALANCE
	\$19,688.66	\$0.00	\$0.00	\$19,688.66
ACTIVITY CHARGES				
TYPE	ITEM COUNT	PER ITEM	CHARGED TO YOU	
X2COUNT MAINTENANCE			10.00	
CHECK RECAP OPTION	1	5.00	5.00	
TOTAL ACTIVITY CHARGES				15.00
LESS BALANCE CREDIT				15.00
NET SERVICE CHARGE				0.00



RECEIVED
FEDERAL ELECTION COMMISSION
OFFICE COUNSEL

92 JUL 14 PM 4:21

ONE PRICE
FRIENDS OF Bob Smith
Corporate

TAX-EXEMPT MONEY FUND

ACCOUNT STATEMENT - 5/29/92



|||||

FRIENDS OF BOB SMITH
CORPORATE
C/O JOHN R ZUBER
60 SEFTON CIRCLE
PISCATAWAY NJ 08854-2417

TAX I.D. NO. PLEASE PROVIDE
ACCOUNT NO. 400244032-1

TRADE DATE	TRANSACTION	DOLLAR AMOUNT OF TRANSACTION	SHARE PRICE	SHARES THIS TRANSACTION	TOTAL SHARES OWNED
1/31/92	BEGINNING BALANCE				22,393.530
2/28/92	DIVIDEND REINVEST	58.26	1.00	58.260	22,451.790
3/31/92	DIVIDEND REINVEST	44.37	1.00	44.370	22,496.160
4/30/92	DIVIDEND REINVEST	47.26	1.00	47.260	22,543.420
5/29/92	DIVIDEND REINVEST	51.33	1.00	51.330	22,594.750
	DIVIDEND REINVEST	54.07	1.00	54.870	22,648.820

BOTH VALUE- AND GROWTH-ORIENTED INVESTORS CAN TAKE ADVANTAGE OF THE DYNAMIC RETURN POTENTIAL OF SMALL-COMPANY STOCKS. SEE THE ENCLOSED BROCHURE FOR DETAILS. LATEST 31-DAY DIVIDEND. ON 05/31/92, THE ANNUALIZED 30-DAY DIVIDEND YIELD WAS 2.82%.

If you have any questions, call 1-800-225-5132 Or write: T. Rowe Price Funds P.O. Box 88000, Baltimore, MD 21288-0250		YOUR DISTRIBUTION OPTION IS		SHARES HELD BY YOU	SHARES HELD BY AGENT
		INCOME DIVIDENDS REINVEST	CAPITAL GAINS REINVEST		22,648.8200
TOTAL INCOME DIVIDENDS, CAPITAL GAINS, AND OTHER DISTRIBUTIONS	\$255.29	INCOME DIVIDENDS	CAPITAL GAINS	5/29/92 MKT. VALUE @ \$1.00 =	\$22,648.82

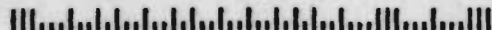
The Fund's principal underwriter is T. Rowe Price Investment Services, Inc. which acts as Agent. The time of the transaction(s) above will be furnished to you on written request.

93040983917

T. ROWE PRICE
FRIENDS OF BOB SMITH Personal
Contracts

TAX-EXEMPT MONEY FUND

ACCOUNT STATEMENT - 5/29/92



FRIENDS OF BOB SMITH
C/O JOHN R ZUBER
60 SEFTON CIRCLE
PISCATAWAY NJ 08854-2417

TAX I.D. NO.
ACCOUNT NO.

PLEASE PROVIDE
400243938-7

TRADE DATE	TRANSACTION	DOLLAR AMOUNT OF TRANSACTION	SHARE PRICE	SHARES THIS TRANSACTION	TOTAL SHARES OWNED
	BEGINNING BALANCE				75,423.060
1/31/92	DIVIDEND REINVEST	196.30	1.00	196.300	75,619.360
2/28/92	DIVIDEND REINVEST	149.45	1.00	149.450	75,768.810
3/31/92	DIVIDEND REINVEST	159.17	1.00	159.170	75,927.980
4/02/92	REDEMPTION BY CHECK 2	50,000.00-	1.00	50,000.000-	25,927.980
4/06/92	REDEMPTION BY CHECK 3	20,000.00-	1.00	20,000.000-	5,927.980
4/30/92	DIVIDEND REINVEST	29.96	1.00	29.960	5,957.940
5/07/92	REDEMPTION BY CHECK 5	5,000.00-	1.00	5,000.000-	957.940
5/29/92	DIVIDEND REINVEST	5.07	1.00	5.070	963.010

Check 4/30/92

BOTH VALUE- AND GROWTH-ORIENTED INVESTORS CAN TAKE ADVANTAGE OF THE DYNAMIC RETURN POTENTIAL OF SMALL-COMPANY STOCKS. SEE THE ENCLOSED BROCHURE FOR DETAILS.
LATEST 31-DAY DIVIDEND. ON 05/31/92, THE ANNUALIZED 30-DAY DIVIDEND YIELD WAS 2.82%.

If you have any questions, call: 1-800-223-6138 Or write: T. Rowe Price Funds P.O. Box 98000, Baltimore, MD 21288-0200		YOUR DISTRIBUTION OPTION IS		SHARES HELD BY YOU	SHARES HELD BY AGENT
		INCOME DIVIDENDS REINVEST	CAPITAL GAINS REINVEST		963.0100
TOTAL INCOME DIVIDENDS, CAPITAL GAINS AND OTHER DISTRIBUTIONS	INCOME DIVIDENDS	CAPITAL GAINS	5/29/92 MKT. VALUE @ \$1.00 = \$963.01		
\$539.95	\$539.95				

The Fund's principal underwriter is T. Rowe Price Investment Services, Inc. which acts as Agent. The firm of the transaction(s) above will be furnished to you on written request.

93040983918

8001 001 FILE

TWO

TAX-EXEMPT MONEY FUND

ACCOUNT STATEMENT - 4/30/92



|||||

FRIENDS OF BOB SMITH
C/O JOHN R ZUBER
60 SEFTON CIRCLE
PISCATAWAY NJ 08854-2417

TAX I.D. NO.
ACCOUNT NO.

PLEASE PROVIDE
400243938-7

TRADE DATE	TRANSACTION	DOLLAR AMOUNT OF TRANSACTION	SHARE PRICE	SHARES THIS TRANSACTION	TOTAL SHARES OWNED
1/31/92	BEGINNING BALANCE				75,423.060
2/28/92	DIVIDEND REINVEST	196.30	1.00	196.300	75,619.360
3/31/92	DIVIDEND REINVEST	149.45	1.00	149.450	75,768.810
4/02/92	DIVIDEND REINVEST	159.17	1.00	159.170	75,927.980
4/06/92	REDEMPTION BY CHECK	50,000.00	1.00	50,000.000	25,927.980
4/30/92	REDEMPTION BY CHECK	20,000.00	1.00	20,000.000	5,927.980
4/30/92	DIVIDEND REINVEST	29.96	1.00	29.960	5,957.940

INTRODUCING TWO NEW SERVICES WHICH MAKE SAVING AND INVESTING EVEN EASIER.
OUR CD TRANSFER AND AUTOMATIC EXCHANGE BROCHURE HAS MORE DETAILS ON THESE SERVICES.
LATEST 30-DAY DIVIDEND. ON 04/30/92, THE ANNUALIZED 30-DAY DIVIDEND YIELD WAS 2.77%.

If you have any questions, call 1-800-325-6132 Circle: T. Rowe Price Funds P.O. Box 00000, Baltimore, MD 21208-0250		YOUR DISTRIBUTION OPTION IS:		SHARES HELD BY YOU	SHARES HELD BY AGENT
		INCOME DIVIDEND REINVEST	CAPITAL GAINS REINVEST		5,957.9400
TOTAL INCOME DIVIDENDS, CAPITAL GAINS, AND OTHER DISTRIBUTIONS	INCOME DIVIDENDS	CAPITAL GAIN	4/30/92 MKT. VALUE @ \$1.00 = \$5,957.94		
\$534.88	\$534.88				

The Fund's principal underwriter is T. Rowe Price Investment Services, Inc. which acts as Agent. The date of the transaction(s) above will be furnished to you on written request.

TAX-EXEMPT MONEY FUND

FRIENDS OF BOB SMITH
C/O JOHN R ZUBER
60 SEFTON CIRCLE
PISCATAWAY NJ 08854-2417

TAX I.D. NO. PLEASE PROVIDE
ACCOUNT NO. 400243938-7

Use this stub to add to your account today.

Please make your check(s) payable to the Fund, write your account number on the check(s), and mail to:

T. Rowe Price

P.O. Box 0001
Worcester, Massachusetts 01653-0001

☐ Check this box and complete the reverse side if you want to correct your:

☐ name;
☐ address.

0000001-000
2113402 XXXXXX

Investment Amount \$

(Total of check(s) enclosed)

(\$100 minimum)



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SEP 2 11 24 AM '92

August 28, 1992

Mr. Jeffrey Long
Federal Election Commission
999 E Street, NW
Washington, DC 20463

RE: MUR 3535

Dear Mr. Long:

As per our telephone conversation of said date, please find enclosed the additional information that you requested.

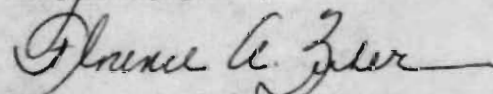
1. Copies of Debit Advise detailing the transfer of funds from "Friends of Bob Smith" personal Account No. 8453060110, to "Bob Smith for Congress"
2. Bank Statements for Friends of Bob Smith personal Account No. 8453060110, for the months of April, May, June and July, 1992.
3. Copies of T. Rowe Price, Tax-Exempt Money Fund statements.

Please note that we have not received the cancelled checks from T. Rowe Price, but have requested from them either the checks or copies of the checks. I have been informed that they are forthcoming. This data will be forwarded to you as soon as we are in receipt of such.

I hope this information enables you to complete your audit.

Should you require any additional information, please do not hesitate to contact Bob Smith at, Smith and Schechter, 216 Stelton Road, B-1, Piscataway, New Jersey, 08854, or telephone (908) 968-5900.

Very truly yours,



Florence A. Zuber, for
Bob Smith

cc: John Zuber
Joseph Grecco

enclosures: Nine pages

Sent Certified Return Receipt requested

RECEIVED
FEDERAL ELECTION COMMISSION
OFFICE OF LEGAL COUNSEL
92 SEP -2 PM 3:23

93040983920

National Westminster Bank NJ
Debit Advice (DDA)

We have charged your account today, as indicated below:

BR/DEPT. NAME	BR/DEPT.#	DATE
Hoes Lane	845	3/26/92

Transfer as per your request	\$

INTERNAL RT. CODE	ACCOUNT NUMBER	TRAN CODE	TOTAL AMOUNT
5000-0101	8 4 5 - 3 0 6 0 1 1 0	2 6	\$ 10,000. 00

Please Deduct This Amount
From Your Checkbook Balance

TO: Friends of Bob Smith

PREPARED BY *B. Mansfield*
 AUTHORIZED SIG. *[Signature]*

0680 Rev. 5/91
 Jee ENV-155NJ

⑈5000⑈0101⑈ 8453060110⑈ 26 ⑈0001000000⑈

PROOF DEPT. COPY

92 SEP -2 PM 3:23

RECEIVED
 FEDERAL ELECTION COMMISSION
 OFFICE OF THE CLERK

National Westminster Bank NJ
Debit Advice (DDA)

We have charged your account today, as indicated below:

BR/DEPT. NAME	BR/DEPT.#	DATE
Hoes Lane	85845	4/27/92

As per your request transfer to checking	\$

INTERNAL RT. CODE	ACCOUNT NUMBER	TRAN CODE	TOTAL AMOUNT
5000-0101	8 4 5 - 3 0 6 0 1 1 0	2 6	\$ 25,000. 00

Please Deduct This Amount
From Your Checkbook Balance

TO: Friends of Bob Smith
 60 Sefton Circle
 Piscataway, NJ 08854

PREPARED BY *[Signature]*
 AUTHORIZED SIG. *[Signature]*

0680 Rev. 5/91
 Jee ENV-155NJ

⑈5000⑈0101⑈ 8453060110⑈ 26 ⑈0002500000⑈

PROOF DEPT. COPY

National Westminster Bank NJ
Debit Advice (DDA)

We have charged your account today, as indicated below:

BR/DEPT. NAME	BR/DEPT. #	DATE
Hoes Lane	845	5/5/92

transfer as per your request	\$

INTERNAL RT. CODE	ACCOUNT NUMBER	TRAN CODE	TOTAL AMOUNT
5000-0101	8 4 5 - 3 0 6 0 1 1 0	2 6	\$ 11,138. 66

TO: Friends of Bob Smith
 60 Sefton Circle
 Piscataway, NJ 08854

PREPARED BY
[Signature]
 AUTHORIZED SIG.
[Signature]

3680 Rev. 5/91
 Use ENR-1584U

⑆5000⑈0101⑆ 8453060110⑈ 26 ⑈000⑈1113866⑈

PROOF DEPT. COPY

National Westminster Bank NJ
Debit Advice (DDA)

We have charged your account today, as indicated below:

BR/DEPT. NAME	BR/DEPT. #	DATE
Hoesx Lane	845	5/21/92

Transfer as per your request	\$

INTERNAL RT. CODE	ACCOUNT NUMBER	TRAN CODE	TOTAL AMOUNT
5000-0101	8 4 5 - 3 0 6 0 1 1 0	2 6	\$ 6,000. 00

TO: Frineds of Bob Smith
 60 Sefton Circle
 Piscataway, NJ 08854

PREPARED BY
[Signature]
 AUTHORIZED SIG.
[Signature]

3088 Rev. 5/91
 Use ENR-1584U

⑆5000⑈0101⑆ 8453060110⑈ 26 ⑈0000⑈600000⑈

PROOF DEPT. COPY

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2	4/27 NAT WEST	(2)	25,000-	2 "	(2)
3	5/5 NAT WEST	(3)	11,138 1/2	1 "	(3)
4	5/14 NAT WEST	(4)	6000-	3 "	(3)
5					
6	4/1 T. Rowe PRICE		50,000-	} 2nd report.	(2)
7	4/6 T Rowe PRICE		20,000-		(2)
8	5/7 T Rowe PRICE		5,000-		(2)
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14	(1) 1st report				
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National Westminster Bank NJ

A member of the National Westminster Bank Group Member FDIC

RECEIVED
FEDERAL ELECTION COMMISSION
OFFICE OF THE CLERK

8

HOES LANE OFFICE 845
CIVIC CENTER 480 HOES LANE
PISCATAWAY NJ 08854

92 SEP -2 PM 3:23 CY

1
FRIENDS OF BOB SMITH
60 SEFTON CIRCLE
PISCATAWAY, N.J. 08854

Handwritten:
11/138 66
5/5
on

DIRECT INQUIRIES TO
908-685-7575
ELECTRONIC I.D. NO.

STATEMENT DATE
04-30-92

BUSINESS CHECKING

ACCOUNT NUMBER 8453060110

45306011

BALANCE LAST STATEMENT	ADDITIONS	DEDUCTIONS	ENDING BALANCE
\$19,288.66	\$16,850.00	\$25,000.00	\$11,138.66

DATE	DESCRIPTION OF ACTIVITY	ADDITIONS	DEDUCTIONS	BALANCE
04/01	BEGINNING BALANCE			19,288.66
04/01	DEPOSIT REF 06226073	2,600.00		21,888.66
04/01	DEPOSIT REF 06226078	2,750.00		24,638.66
04/01	DEPOSIT REF 06226083	8,250.00		32,888.66
04/23	DEPOSIT REF 04190066	3,250.00		36,138.66
04/27	DEBIT MEMO REF 04016321		25,000.00	11,138.66

ACTIVITY CHARGES

TYPE	ITEM COUNT	PER ITEM	CHARGED TO YOU
ACCOUNT MAINTENANCE			10.00
CHECKS PAID AND OTHER DEBITS	1	0.15	0.15
DEPOSITS AND OTHER CREDITS	4	0.15	0.60
ITEMS DEPOSITED	29	0.10	2.90
CHECK RECAP OPTION	1	5.00	5.00
TOTAL ACTIVITY CHARGES			18.65
LESS BALANCE CREDIT			18.65
NET SERVICE CHARGE			0.00

Handwritten:
75,000.00
36,138.66
11,138.66

National Westminster Bank NJ

A member of the National Westminster Bank Group Member FDIC

8

HOES LANE OFFICE 845
CIVIC CENTER 480 HOES LANE
PISCATAWAY NJ 08854

CY

2

FRIENDS OF BOB SMITH
60 SEFTON CIRCLE
PISCATAWAY, N.J. 08854

DIRECT INQUIRIES TO
908-685-7575
ELECTRONIC I.D. NO.

STATEMENT DATE
05-31-92

BUSINESS CHECKING

ACCOUNT NUMBER 8453060110

45306011

BALANCE LAST STATEMENT	ADDITIONS	DEDUCTIONS	ENDING BALANCE
\$11,138.66	\$8,625.00	\$17,144.62	\$2,619.04

DATE	DESCRIPTION OF ACTIVITY	ADDITIONS	DEDUCTIONS	BALANCE
05/05	BEGINNING BALANCE			11,138.66
05/05	DEBIT MEMO REF 06187052		11,138.66	0.00
05/06	DEPOSIT REF 04146153	2,125.00		2,125.00
05/19	DEPOSIT REF 04541743	4,000.00		6,125.00
05/20	DEPOSIT REF 05253927	2,500.00		8,625.00
05/21	DEBIT MEMO REF 04757441		6,000.00	2,625.00
05/29	SERVICE CHARGE		5.96	2,619.04

ACTIVITY CHARGES

TYPE	ITEM COUNT	PER ITEM	CHARGED TO YOU
ACCOUNT MAINTENANCE			10.00
CHECKS PAID AND OTHER DEBITS	2	0.15	0.30
DEPOSITS AND OTHER CREDITS	3	0.15	0.45
ITEMS DEPOSITED	13	0.10	1.30
CHECK RECAP OPTION	1	5.00	5.00
TOTAL ACTIVITY CHARGES			17.05
LESS BALANCE CREDIT			14.00

National Westminster Bank NJ

A member of the National Westminster Bank Group Member FDIC

HOES LANE OFFICE 845
CIVIC CENTER 480 HOES LANE
PISCATAWAY NJ 08854

CY

FRIENDS OF BOB SMITH
60 SEFTON CIRCLE
PISCATAWAY, N.J. 08854

DIRECT INQUIRIES TO
908-685-7575
ELECTRONIC I.D. NO.

STATEMENT DATE
06-30-92

BUSINESS CHECKING

ACCOUNT NUMBER 8453060110

45306011

BALANCE LAST STATEMENT	ADDITIONS	DEDUCTIONS	ENDING BALANCE
\$2,619.04	\$0.00	\$7.25	\$2,611.79

DATE	DESCRIPTION OF ACTIVITY	ADDITIONS	DEDUCTIONS	BALANCE
06/30	BEGINNING BALANCE			2,619.04
06/30	SERVICE CHARGE		7.25	2,611.79

ACTIVITY CHARGES

TYPE	ITEM COUNT	PER ITEM	CHARGED TO YOU
ACCOUNT MAINTENANCE			10.00
CHECK RECAP OPTION	1	5.00	5.00
TOTAL ACTIVITY CHARGES			15.00
LESS BALANCE CREDIT			7.75
NET SERVICE CHARGE			7.25

National Westminster Bank NJ

A member of the National Westminster Bank Group Member FDIC

HOES LANE OFFICE 845
CIVIC CENTER 480 HOES LANE
PISCATAWAY NJ 08854

CY

FRIENDS OF BOB SMITH
60 SEFTON CIRCLE
PISCATAWAY, N.J. 08854

DIRECT INQUIRIES TO
908-685-7575
ELECTRONIC I.D. NO.

STATEMENT DATE
08-02-92

BUSINESS CHECKING

ACCOUNT NUMBER 8453060110

45306011

BALANCE LAST STATEMENT	ADDITIONS	DEDUCTIONS	ENDING BALANCE
\$2,611.79	\$0.00	\$6.50	\$2,605.29

DATE	DESCRIPTION OF ACTIVITY	ADDITIONS	DEDUCTIONS	BALANCE
07/31	BEGINNING BALANCE			2,611.79
07/31	SERVICE CHARGE		6.50	2,605.29

ACTIVITY CHARGES

TYPE	ITEM COUNT	PER ITEM	CHARGED TO YOU
ACCOUNT MAINTENANCE			10.00
CHECK RECAP OPTION	1	5.00	5.00
TOTAL ACTIVITY CHARGES			15.00
LESS BALANCE CREDIT			8.50
NET SERVICE CHARGE			6.50

TAX-EXEMPT MONEY FUND

ACCOUNT STATEMENT - 5/29/92



|||||

FRIENDS OF BOB SMITH
C/O JOHN R ZUBER
60 SEFTON CIRCLE
PISCATAWAY NJ 08854-2417

TAX I.D. NO. PLEASE PROVIDE
ACCOUNT NO. 400243938-7

TRADE DATE	TRANSACTION	DOLLAR AMOUNT OF TRANSACTION	SHARE PRICE	SHARES THIS TRANSACTION	TOTAL SHARES OWNED
	BEGINNING BALANCE				75,423.060
1/31/92	DIVIDEND REINVEST	196.30	1.00	196.300	75,619.360
2/28/92	DIVIDEND REINVEST	149.45	1.00	149.450	75,768.810
3/31/92	DIVIDEND REINVEST	159.17	1.00	159.170	75,927.980
4/02/92	REDEMPTION BY CHECK 2	50,000.00-	1.00	50,000.000-	25,927.980
4/06/92	REDEMPTION BY CHECK 3	20,000.00-	1.00	20,000.000-	5,927.980
4/30/92	DIVIDEND REINVEST	29.96	1.00	29.960	5,957.940
5/07/92	REDEMPTION BY CHECK 5	5,000.00-	1.00	5,000.000-	957.940
5/29/92	DIVIDEND REINVEST	5.07	1.00	5.070	963.010

Check 4/30/92

BOTH VALUE- AND GROWTH-ORIENTED INVESTORS CAN TAKE ADVANTAGE OF THE DYNAMIC RETURN POTENTIAL OF SMALL-COMPANY STOCKS. SEE THE ENCLOSED BROCHURE FOR DETAILS. LATEST 31-DAY DIVIDEND. ON 05/31/92, THE ANNUALIZED 30-DAY DIVIDEND YIELD WAS 2.82%.

If you have any questions, call: 1-800-225-5132 Or write: T. Rowe Price Funds P.O. Box 88000, Baltimore, MD 21288-0250	YOUR DISTRIBUTION OPTION IS		SHARES HELD BY YOU	SHARES HELD BY AGENT
	INCOME DIVIDENDS REINVEST	CAPITAL GAINS REINVEST		963.0100
TOTAL INCOME DIVIDENDS CAPITAL GAIN, AND OTHER DISTRIBUTIONS \$539.95	INCOME DIVIDENDS \$539.95	CAPITAL GAIN	5/29/92 MKT. VALUE @ \$1.00 =	\$963.01

The Fund's principal underwriter is T. Rowe Price Investment Services, Inc. which acts as Agent. The time of the transaction(s) above will be furnished to you on written request.

TAX-EXEMPT MONEY FUND

FRIENDS OF BOB SMITH
C/O JOHN R ZUBER
60 SEFTON CIRCLE
PISCATAWAY NJ 08854-2417

TAX I.D. NO. PLEASE PROVIDE
ACCOUNT NO. 400243938-7

Use this stub to add to your account today.
Please make your check(s) payable to the Fund, write your account number on the check(s), and mail to:

☐ Check this box and complete the reverse side if you want to correct your:
name;
address.

T. Rowe Price

P.O. Box 0001
Worcester, Massachusetts 01653-0001

0000001-000
2113402 XXXXXX

Investment Amount \$
(Total of check(s) enclosed)

(\$100 minimum)



TAX-EXEMPT MONEY FUND

ACCOUNT STATEMENT - 4/30/92



|||||

FRIENDS OF BOB SMITH
C/O JOHN R ZUBER
60 SEFTON CIRCLE
PISCATAWAY NJ 08854-2417

TAX I.D. NO. PLEASE PROVIDE
ACCOUNT NO. 400243938-7

TRADE DATE	TRANSACTION	DOLLAR AMOUNT OF TRANSACTION	SHARE PRICE	SHARES THIS TRANSACTION	TOTAL SHARES OWNED
1/31/92	BEGINNING BALANCE				75,423.060
2/28/92	DIVIDEND REINVEST	196.30	1.00	196.300	75,619.360
3/31/92	DIVIDEND REINVEST	149.45	1.00	149.450	75,768.810
4/02/92	DIVIDEND REINVEST	159.17	1.00	159.170	75,927.980
4/06/92	REDEMPTION BY CHECK 2	50,000.00-	1.00	50,000.000-	25,927.980
4/06/92	REDEMPTION BY CHECK 3	20,000.00-	1.00	20,000.000-	5,927.980
4/30/92	DIVIDEND REINVEST	29.96	1.00	29.960	5,957.940

INTRODUCING TWO NEW SERVICES WHICH MAKE SAVING AND INVESTING EVEN EASIER.
OUR CD TRANSFER AND AUTOMATIC EXCHANGE BROCHURE HAS MORE DETAILS ON THESE SERVICES.
LATEST 30-DAY DIVIDEND. ON 04/30/92, THE ANNUALIZED 30-DAY DIVIDEND YIELD WAS 2.77%.

If you have any questions, call: 1-800-225-5132 Or write: T. Rowe Price Funds P.O. Box 69000, Baltimore, MD 21268-0250	YOUR DISTRIBUTION OPTION IS		SHARES HELD BY YOU	SHARES HELD BY AGENT
	INCOME DIVIDENDS REINVEST	CAPITAL GAINS REINVEST		5,957.9400
TOTAL INCOME DIVIDENDS, CAPITAL GAIN, AND OTHER DISTRIBUTIONS \$534.88	INCOME DIVIDENDS \$534.88	CAPITAL GAIN	4/30/92 MKT. VALUE @ \$1.00 =	\$5,957.94

The Fund's principal underwriter is T. Rowe Price Investment Services, Inc. which acts as Agent. The time of the transaction(s) above will be furnished to you on written request.

TAX-EXEMPT MONEY FUND

FRIENDS OF BOB SMITH
C/O JOHN R ZUBER
60 SEFTON CIRCLE
PISCATAWAY NJ 08854-2417

TAX I.D. NO. PLEASE PROVIDE
ACCOUNT NO. 400243938-7

Use this stub to add to your account today.

Please make your check(s) payable to the Fund, write your account number on the check(s), and mail to:

☐ Check this box and complete the reverse side if you want to correct your:

name:
address:

T. Rowe Price

P.O. Box 0001
Worcester, Massachusetts 01653-0001

0000001-000
2113402 XXXXXX

Investment Amount \$

(1 of 1 of check(s) enclosed)

(5 100 minimum)

{ } 0000 77957510 004002439387 0000052

MUR # 3535

ADDITIONAL DOCUMENTS WILL BE ADDED TO THIS FILE AS THEY
BECOME AVAILABLE. PLEASE CHECK FOR ADDITIONAL MICROFILM
LOCATIONS.

93040983930



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

THIS IS THE END OF MUR # 3535

DATE FILMED 10/28/93 CAMERA NO. 2

CAMERAMAN MC

93040983931



FEDERAL ELECTION COMMISSION
WASHINGTON DC 20463

☒ Microfilm
☐ Public Records
☐ Press

THE FOLLOWING DOCUMENTATION IS ADDED TO
THE PUBLIC RECORD IN CLOSED MUR 3535.

12/10/93

93043542865

THE READER IS REFERRED TO ADDITIONAL MICROFILM LOCATIONS
FOR THE FOLLOWING DOCUMENTS PERTINENT TO THIS CASE

1. Memo, General Counsel to the Commission, dated September 22, 1992, Subject: Priority System Report.
See Reel 354, pages 1590-94.
2. Memo, General Counsel to the Commission, dated April 14, 1993, Subject: Enforcement Priority System.
See Reel 354, pages 1595-1620.
3. Certification of Commission vote, dated April 28, 1993.
See Reel 354, pages 1621-22.
4. General Counsel's Report, In the Matter of Enforcement Priority, dated December 3, 1993.
See Reel 354, pages 1623-1740.
5. Certification of Commission vote, dated December 9, 1993.
See Reel 354, pages 1741-1746.

23043542866



FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

DEC 10 1993

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

John E. Tully
19 Jason Drive
Spring Lake Heights, New Jersey 07762

RE: MUR 3535

Dear Mr. Tully:

On June 1, 1992, the Federal Election Commission received your complaint alleging certain violations of the Federal Election Campaign Act of 1971, as amended ("the Act").

After considering the circumstances of this matter, the Commission has determined to exercise its prosecutorial discretion and to take no further action against Bob Smith for Congress and Joseph Greco, as treasurer, and Friends of Bob Smith and John Zuber, as treasurer. See attached narrative. Accordingly, the Commission closed the file in this matter.

The Act allows a complainant to seek judicial review of the Commission's dismissal of this action. See 2 U.S.C. § 437g(a)(8).

Sincerely,

Mary L. Taksar

Mary L. Taksar
Attorney

Attachment
Narrative

Date the Commission voted to close the file: DEC 09 1993

23043542867

MUR 3535
FRIENDS OF BOB SMITH

This matter was generated by a complaint filed by John E. Tully. The complaint alleges, inter alia, that the state committee failed to disclose its cash-on-hand when it registered with the Commission, reported transferring \$57,050 in contributions that had already been expended on state elections, and transferred \$15,859 in contributions received prior to the candidate's last non-federal election that aggregated more than \$1,000 per individual. The candidate responded that Commission regulations permit the use of such contributions without requiring that they be aggregated with later contributions from the same contributor.

This matter had little or no impact on the process. There are no significant issues involved relative to the other issues pending before the Commission. Moreover, there is no indication that respondent had a serious intent to violate the FECA. Further, respondents were inexperienced in the electoral process.

23043542868



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

DEC 10 1993

Bob Smith, Esquire
Smith and Schechter
216 Stelton Road, B-1
Piscataway, New Jersey 08854

RE: MUR 3535

Dear Mr. Smith:

On June 5, 1992, the Federal Election Commission notified Bob Smith for Congress and Friends of Bob Smith ("Committees") of a complaint alleging certain violations of the Federal Election Campaign Act of 1971, as amended. A copy of the complaint was enclosed with that notification.

After considering the circumstances of this matter, the Commission has determined to exercise its prosecutorial discretion and to take no action against Bob Smith for Congress and Joseph Greco, as treasurer, and Friends of Bob Smith and John Zuber, as treasurer. See attached narrative. Accordingly, the Commission closed the file in this matter.

The confidentiality provisions of 2 U.S.C. § 437g(a)(12) no longer apply and this matter is now public. In addition, although the complete file must be placed on the public record within 30 days, this could occur at any time following certification of the Commission's vote. If you wish to submit any factual or legal materials to appear on the public record, please do so as soon as possible. While the file may be placed on the public record prior to receipt of your additional materials, any permissible submissions will be added to the public record when received.

If you have any questions, please contact me at (202) 219-3400.

Sincerely,

Mary L. Taksar

Mary L. Taksar
Attorney

Attachment
Narrative

Date the Commission voted to closed the file:

DEC 09 1993

23043542869

MUR 3535
FRIENDS OF BOB SMITH

This matter was generated by a complaint filed by John E. Tully. The complaint alleges, inter alia, that the state committee failed to disclose its cash-on-hand when it registered with the Commission, reported transferring \$57,050 in contributions that had already been expended on state elections, and transferred \$15,859 in contributions received prior to the candidate's last non-federal election that aggregated more than \$1,000 per individual. The candidate responded that Commission regulations permit the use of such contributions without requiring that they be aggregated with later contributions from the same contributor.

This matter had little or no impact on the process. There are no significant issues involved relative to the other issues pending before the Commission. Moreover, there is no indication that respondent had a serious intent to violate the FECA. Further, respondents were inexperienced in the electoral process.

23043542870