

RECEIPTS AND EXPENDITURES QUARTERLY REPORT

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

P.O. Box 185, Trenton, NJ 08625-0185

(609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532)

Web site: <http://www.elec.state.nj.us/>

FOR STATE USE ONLY

ELEC RECEIVED

OCT 13 2016

COMMITTEE NAME OR APPROVED ACRONYM

Ocean County Strong

ADDRESS (number and street) CHECK IF DIFFERENT THAN PREVIOUSLY REPORTED

2105 W. County Line Road, Suite 3

CITY, STATE and ZIP CODE

Jackson, New Jersey 08527

ELEC IDENTIFICATION NUMBER

K1500000622Q2016

COMMITTEE TYPE

CPC PPC LLC

CHECK IF:

AMENDMENT

FIRST REPORT FILED

REPORT QUARTER

APR 15 JUL 15 OCT 15 JAN 15

YEAR 2015

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

DEPOSITORY INFORMATION		COLUMN A	COLUMN B
PERIOD COVERED	FROM October 1, 2015	THROUGH December 31, 2015	THIS REPORT
			CALENDAR YEAR-TO-DATE
1. CASH ON HAND, JANUARY 1, 2015			\$ -0-
2. CASH ON HAND, BEGINNING OF REPORTING PERIOD			\$ -0-
3. MONETARY RECEIPTS (+)		10,000.00	10,000.00
4. SUBTOTAL		10,000.00	10,000.00
5. MONETARY EXPENDITURES ·		1,090.00	1,090.00
6. CASH ON HAND, CLOSE OF REPORTING PERIOD		8,910.00	8,910.00

NET FINANCIAL SUMMARY		
7. CASH ON HAND, CLOSE OF REPORTING PERIOD		8,910.00
8. DEBT OWED TO COMMITTEE (+)		0.00
9. SUBTOTAL		8,910.00
10. DEBT OWED BY COMMITTEE ·		0.00
11. TOTAL (Net Worth)		8,910.00

TREASURER'S CERTIFICATION

I certify that the statements on this document are true, and that the contribution amounts received conform with the limitations designated by law. I am aware that if any of the statements are willfully false, I may be subject to punishment.

10/3/16
DATE


Adam Pfeffer

PRINT NAME

2105 W. County Line Rd, Suite 3

ADDRESS

Jackson, NJ 08527



SIGNATURE

(732) 364-7333

*(AREA CODE) DAY TELEPHONE NUMBER

(732) 364-7333

*(AREA CODE) EVENING TELEPHONE NUMBER

Do not attempt to complete Tables I and II until the appropriate schedules have been completed.

TABLE I RECEIPTS		COLUMN A	COLUMN B
	MONETARY RECEIPTS	THIS REPORT	CALENDAR YEAR-TO-DATE
1.	CONTRIBUTIONS, \$300 OR LESS		
2.	CONTRIBUTIONS, MORE THAN \$300	10,000.00	10,000.00
2a.	CURRENCY CONTRIBUTIONS		
3.	TOTAL (Add lines 1, 2 and 2a)	10,000.00	10,000.00
4.	REFUND OF EXCESSIVE CONTRIBUTIONS (ADJUSTMENT SCHEDULE) (-)		
5.	SUBTOTAL (Subtract line 4 from line 3)	10,000.00	10,000.00
	OTHER RECEIPTS		
6.	REIMBURSEMENTS/REFUNDS		
7.	DIVIDENDS/INTEREST		
8.	LOANS RECEIVED BY COMMITTEE, \$300 OR LESS		
9.	LOANS RECEIVED BY COMMITTEE MORE THAN \$300 AND ALL CURRENCY LOANS		
10.	TOTAL MONETARY RECEIPTS (Add lines 5 through 9)	10,000.00	10,000.00
11.	IN-KIND CONTRIBUTIONS, \$300 OR LESS		
12.	IN-KIND CONTRIBUTIONS, MORE THAN \$300		
13.	GROSS RECEIPTS (Add lines 10, 11 and 12)	10,000.00	10,000.00
	TABLE II EXPENDITURES		
14.	OPERATING DISBURSEMENTS	10,000.00	10,000.00
	CONTRIBUTIONS (FROM THIS COMMITTEE) TO:		
15a.	NJ GUBERNATORIAL CANDIDATES/COMMITTEES		
15b.	NJ LEGISLATIVE CANDIDATES/COMMITTEES		
15c.	ALL OTHER CANDIDATES/COMMITTEES		
	EXPENDITURES MADE ON BEHALF OF:		
16a.	NJ GUBERNATORIAL CANDIDATES/COMMITTEES		
16b.	NJ LEGISLATIVE CANDIDATES/COMMITTEES		
16c.	ALL OTHER CANDIDATES/COMMITTEES		
17.	LOAN PAYMENTS		
18.	TOTAL MONETARY EXPENDITURES (Add lines 14 through 17)		
19.	IN-KIND CONTRIBUTIONS, \$300 OR LESS		
20.	IN-KIND CONTRIBUTIONS, MORE THAN \$300		
21.	GROSS EXPENDITURES (Add lines 18 through 20)		

DEPOSITORY SUMMARY

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

COMMITTEE NAME: Ocean County Strong

BANK ACCOUNT INFORMATION

1. NAME OF BANK Harmony Bank		(AREA CODE) TELEPHONE NUMBER (732) 364-0088	
MAILING ADDRESS 2120 West County Line Road			
CITY, STATE, ZIP CODE Jackson, New Jersey 08527			
ACCOUNT NAME Operating Checking		ACCOUNT NUMBER XXXX4690	
OPENING BALANCE THIS PERIOD -0-	DEPOSITS THIS PERIOD 10,000.00	DISBURSEMENTS THIS PERIOD 1,090.00	CLOSING BALANCE THIS PERIOD 8,910.00

If the committee has more than one bank account within the same bank, the name(s) and account number(s) of the additional account(s) must be provided.

ACCOUNT NAME		ACCOUNT NUMBER	
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD	DISBURSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD

2. NAME OF BANK		(AREA CODE) TELEPHONE NUMBER	
MAILING ADDRESS			
CITY, STATE, ZIP CODE			
ACCOUNT NAME		ACCOUNT NUMBER	
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD	DISBURSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD

If the committee has more than one bank account within the same bank, the name(s) and account number(s) of the additional account(s) must be provided.

ACCOUNT NAME		ACCOUNT NUMBER	
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD	DISBURSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD

OTHER ASSETS

Other than the bank account(s) listed above, does this committee hold any of the following (please X):

- | | |
|--|--|
| <input type="checkbox"/> Investment Institution Money Market Account | <input type="checkbox"/> Bonds |
| <input type="checkbox"/> Certificate of Deposit (C.D.) | <input type="checkbox"/> Stocks |
| <input type="checkbox"/> Mutual Fund Account | <input type="checkbox"/> Real Property |
| <input type="checkbox"/> Other (please specify) _____ | |

For each item checked ("X") above (other than real property), please complete the following information. If real property is held, a Real Property Schedule must be filed as part of the Form R-3. Contact the Commission for a Real Property Schedule and instructions.

1. NAME OF DEPOSITORY OR ISSUER		(AREA CODE) TELEPHONE NUMBER	
MAILING ADDRESS			
CITY, STATE, ZIP CODE			
ACCOUNT NAME		ACCOUNT NUMBER	
TYPE OF ASSET			
<input type="checkbox"/> MONEY MARKET	<input type="checkbox"/> C.D.	<input type="checkbox"/> MUTUAL FUND	<input type="checkbox"/> BONDS
<input type="checkbox"/> STOCKS	<input type="checkbox"/> OTHER (specify) _____		
VALUE OF ASSET AT PURCHASE IF APPLICABLE.		DATE OF MATURITY, IF APPLICABLE	
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD	DISBURSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD

ITEMIZED RECEIPTS (Other than Loans)

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

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)

CURRENCY
 ALL OTHER MONETARY CONTRIBUTIONS
 IN-KIND CONTRIBUTIONS- EXPENDITURES MADE BY OTHERS
 REIMBURSEMENTS/ REFUNDS OF DISBURSEMENTS
 DIVIDENDS/ INTEREST

COMMITTEE NAME: Ocean County Strong

ACCOUNT NAME and NUMBER:

CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)		
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE)		
EMPLOYER NAME Platinum Developers			DATE(S) RECEIVED THIS PERIOD 11/02/15	AMOUNT(S) RECEIVED THIS PERIOD \$1,500.00
EMPLOYER ADDRESS (NUMBER AND STREET) 210 Ocean Avenue				
(CITY, STATE AND ZIP CODE) Lakewood, NJ 08701				
RECEIPT DESCRIPTION (If In-kind)		AGGREGATE YEAR-TO-DATE \$1,500.00		

CONTRIBUTOR NAME Zevi Grunewald	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 219 White Road		
OCCUPATION Owner	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Jackson, NJ 08527		
EMPLOYER NAME Perfect Stucco Enterprises, Inc.			DATE(S) RECEIVED THIS PERIOD 11/16/15	AMOUNT(S) RECEIVED THIS PERIOD \$1,000.00
EMPLOYER ADDRESS (NUMBER AND STREET) 1 Havenwood Court, Suite #503				
(CITY, STATE AND ZIP CODE) Lakewood, NJ 08701				
RECEIPT DESCRIPTION (If In-kind)		AGGREGATE YEAR-TO-DATE \$1,000.00		

CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)		
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE)		
EMPLOYER NAME SLG LTD Partnership			DATE(S) RECEIVED THIS PERIOD 11/19/15	AMOUNT(S) RECEIVED THIS PERIOD \$5,000.00
EMPLOYER ADDRESS (NUMBER AND STREET) 5454 Fargo Avenue				
(CITY, STATE AND ZIP CODE) Skokie, IL 60077				
RECEIPT DESCRIPTION (If In-kind)		AGGREGATE YEAR-TO-DATE \$5,000.00		

CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)		
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE)		
EMPLOYER NAME Mizz Construction LLC			DATE(S) RECEIVED THIS PERIOD 11/20/15	AMOUNT(S) RECEIVED THIS PERIOD \$2,000.00
EMPLOYER ADDRESS (NUMBER AND STREET) 212 2nd Street, Suite 302				
(CITY, STATE AND ZIP CODE) Lakewood, NJ 08701				
RECEIPT DESCRIPTION (If In-kind)		AGGREGATE YEAR-TO-DATE \$2,000.00		

1. SUBTOTAL (Add all receipts listed on this page.)				\$9,500.00
2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)				

ITEMIZED RECEIPTS (Other than Loans) **SCHEDULE A** Page No. **2** of **2**

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

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)

CURRENCY
 ALL OTHER MONETARY CONTRIBUTIONS
 IN-KIND CONTRIBUTIONS- EXPENDITURES MADE BY OTHERS
 REIMBURSEMENTS/ REFUNDS OF DISBURSEMENTS
 DIVIDENDS/ INTEREST

COMMITTEE NAME: **Ocean County Strong**

ACCOUNT NAME and NUMBER:

CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE)
EMPLOYER NAME Regency Development Properties		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET) 120 4th Street		12/14/15
(CITY, STATE AND ZIP CODE) Lakewood, NJ 08701		AMOUNT(S) RECEIVED THIS PERIOD \$500.00
RECEIPT DESCRIPTION (If In-kind)	AGGREGATE YEAR-TO-DATE \$500.00	

CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE)
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE AND ZIP CODE)		AMOUNT(S) RECEIVED THIS PERIOD
RECEIPT DESCRIPTION (If In-kind)	AGGREGATE YEAR-TO-DATE	

CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE)
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE AND ZIP CODE)		AMOUNT(S) RECEIVED THIS PERIOD
RECEIPT DESCRIPTION (If In-kind)	AGGREGATE YEAR-TO-DATE	

CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE)
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE AND ZIP CODE)		AMOUNT(S) RECEIVED THIS PERIOD
RECEIPT DESCRIPTION (If In-kind)	AGGREGATE YEAR-TO-DATE	

1. SUBTOTAL (Add all receipts listed on this page.)	\$500.00
2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)	\$10,000.00

LOANS RECEIVED			SCHEDULE B	Page No. of
PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED. USE A SEPARATE "SCHEDULE B" FOR EACH SEPARATE ACCOUNT				
COMMITTEE NAME: Ocean County Strong				
ACCOUNT NAME and NUMBER:				
NAME AND ADDRESS OF LENDER	ORIGINAL LOAN AMOUNT	NEW LOANS THIS PERIOD	TOTAL AMOUNT OF LOAN PLUS INTEREST	OUTSTANDING BALANCE THIS PERIOD
	PAYMENTS THIS PERIOD: AMOUNT		CHECK NO(S).	DATE(S)
OCCUPATION	TERMS:	DATE INCURRED	DATE DUE	ANNUAL INTEREST RATE
EMPLOYER NAME AND ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE)				AGGREGATE YEAR-TO-DATE
1) NAME AND ADDRESS OF GUARANTOR				AMOUNT OUTSTANDING
OCCUPATION	CITY, STATE AND ZIP CODE)			AGGREGATE YEAR-TO-DATE
2) NAME AND ADDRESS OF GUARANTOR				AMOUNT OUTSTANDING
OCCUPATION	CITY, STATE AND ZIP CODE)			AGGREGATE YEAR-TO-DATE

N/A

NAME AND ADDRESS OF LENDER	ORIGINAL LOAN AMOUNT	NEW LOANS THIS PERIOD	TOTAL AMOUNT OF LOAN PLUS INTEREST	OUTSTANDING BALANCE THIS PERIOD
	PAYMENTS THIS PERIOD: AMOUNT		CHECK NO(S).	DATE(S)
OCCUPATION	TERMS:	DATE INCURRED	DATE DUE	ANNUAL INTEREST RATE
EMPLOYER NAME AND ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE)				AGGREGATE YEAR-TO-DATE
1) NAME AND ADDRESS OF GUARANTOR				AMOUNT OUTSTANDING
OCCUPATION	EMPLOYER NAME AND ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE)			AGGREGATE YEAR-TO-DATE
2) NAME AND ADDRESS OF GUARANTOR				AMOUNT OUTSTANDING
OCCUPATION	EMPLOYER NAME AND ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE)			AGGREGATE YEAR-TO-DATE

1. TOTAL NEW LOANS, THIS PERIOD (Complete this line on the last page used. Carry forward to Page 2, Line 9, Column A.)	
2. TOTAL AMOUNT OF LOANS PLUS INTEREST, THIS PERIOD	
3. TOTAL LOAN PAYMENTS, THIS PERIOD (Complete this line on the last page used. Carry forward to Page 2, Line 17, Column A.)	
4. TOTAL OF ALL OUTSTANDING LOANS PLUS INTEREST (Complete this line on the last page used. Carry back to Page 10, "Schedule F," Line 1.)	

ITEMIZED OPERATING DISBURSEMENTS

SCHEDULE C

Page No. 1 of 1

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

COMMITTEE NAME: Ocean County Strong

ACCOUNT NAME and NUMBER:

PAYEE OR CREDITOR NAME, ADDRESS (Number and Street, City, State, Zip Code)	PURPOSE*	AMOUNT(S) DISBURSED THIS PERIOD	TRANS- ACTION DATE(S)	CHECK NO(S).
* Legislative Leadership Committees - See Instructions concerning permissible uses of funds.				
Jack Nadel International 237 West 35th St., 16th Floor New York, NY 10001	Promotional Items	\$ 495.00	11/19/15	1001
Water Street Grill 4 Robbins Parkway Toms River, NJ 08753	Venue	\$ 595.00	12/02/15	1002
1. SUBTOTAL (Add all disbursements listed on this page.)		\$ 1,090.00		
2. TOTAL DISBURSEMENTS, THIS PERIOD (Complete this line on the last page used. Carry forward to Page 2, Line 14, Column A.)		\$ 1,090.00		

ITEMIZED EXPENDITURES MADE AND INCURRED ON BEHALF OF CANDIDATES AND COMMITTEES SCHEDULE E Page No. of

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

NEW JERSEY GUBERNATORIAL CANDIDATES/COMMITTEES NEW JERSEY LEGISLATIVE CANDIDATES/COMMITTEES ALL OTHER CANDIDATES/COMMITTEES

COMMITTEE NAME: Ocean County Strong

ACCOUNT NAME and NUMBER:

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

ALLOCATION OF EXPENDITURES BENEFITING CANDIDATE(S)/COMMITTEES(S)

CANDIDATE/COMMITTEE NAME	ELECTION DATE	DISTRICT OR COUNTY OR MUNICIPALITY	PRO-RATED AMOUNT
N/A			

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

ALLOCATION OF EXPENDITURES BENEFITING CANDIDATE(S)/COMMITTEES(S)

CANDIDATE/COMMITTEE NAME	ELECTION DATE	DISTRICT OR COUNTY OR MUNICIPALITY	PRO-RATED AMOUNT

1. SUBTOTAL (Add all disbursements made to each recipient type listed on this page.)	
2. TOTAL DISBURSEMENTS, THIS PERIOD (Complete this line on the last page used for each recipient type. Carry forward to Page 2, either Line 16a, Line 16b, or Line 16c, Column A.)	
3. SUBTOTAL (Add all outstanding obligations incurred/ not paid, listed on this page.)	
4. TOTAL OUTSTANDING OBLIGATIONS INCURRED/ NOT PAID (Complete this line on the last page used. Carry back to Page 10, "Schedule F," Line 2.)	

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

COMMITTEE NAME: Ocean County Strong

ACCOUNT NAME and NUMBER:

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

N/A				
DEBT PURPOSE				

DEBT PURPOSE				

DEBT PURPOSE				

SUMMARY OF DEBTS AND OBLIGATIONS:				
1. TOTAL OUTSTANDING LOANS PLUS INTEREST FROM SCHEDULE B, PAGE 5, LINE 4				
2. TOTAL OUTSTANDING OBLIGATIONS INCURRED/NOT PAID ON BEHALF OF CANDIDATES/COMMITTEES FROM SCHEDULE E, PAGE 9, LINE 4				
3. TOTAL OUTSTANDING OBLIGATIONS, SCHEDULE F (Complete this line on the last page used.)				
4. TOTAL OUTSTANDING DEBTS/OBLIGATIONS OWED BY COMMITTEE (Add lines 1, 2 and 3. Carry forward to front page, Line 10.)				

**DEBTS AND OBLIGATIONS OWED TO COMMITTEE
(Accounts Receivable)**

SCHEDULE G

Page No. of

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

COMMITTEE NAME: Ocean County Strong

ACCOUNT NAME and NUMBER:

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

		N/A			
DATE DEBT INCURRED		DEBT DESCRIPTION			

DATE DEBT INCURRED		DEBT DESCRIPTION			

DATE DEBT INCURRED		DEBT DESCRIPTION			

DATE DEBT INCURRED		DEBT DESCRIPTION			

1. SUBTOTAL (Add all debts and obligations owed to committee listed on this page.)

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