RECEIPTS AND EXPENDITURES QUARTERLY REPORT NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION P.O. Box 185, Trenson, NJ 08625-0185	FOR STATE USE ONLY		
(609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) Web site: http://www.elec.state.nj.us/	ELEC	RECEIVED	
COMMITTEE NAME OR APPROVED ACRONYM	OCT	4.0 0000	
Ocean County Strong	UCI	1 3 2016	
ADDRESS (number and street) CHECK IF DIFFERENT THAN PREVIOUSLY REPORTED			
2105 W. County Line Road, Suite 3			
CITY, STATE and ZIP CODE	ELECIDENTIFICATION N	NUMBER	
Jackson, New Jersey 08527	K15000006220	Q2016	
COMMITTEE TYPE CHECK IF:	REPORT QUARTER		
X CPC PPC LLC AMENDMENT	APR X JUL	OCT JAN	
FIRST REPORT FILED	YEAR 2016	15 15	
Do not attempt to complete the "Depository Information" or the "Net Financial Summary		ules have been completed.	
DEPOSITORY INFORMATION	COLUMN A	COLUMN B	
PERIOD COVERED April 1, 2016 THROUGH June 30, 2016	THIS REPORT	CALENDAR YEAR-TO-DATE	
1. CASH ON HAND, JANUARY 1, 2016		\$ 8,910.00	
2. CASH ON HAND, BEGINNING OF REPORTING PERIOD	\$ 8,505.09	. *	
3. MONETARY RECEIPTS (+)	20,900.00	20,900.00	
4. SUBTOTAL	29,405.00	29,810.00	
5. MONETARY EXPENDITURES	14,571.90	14,976.81	
6. CASH ON HAND, CLOSE OF REPORTING PERIOD	14,833.19	14,833.19	
NET FINANCIAL SUMMARY			
7. CASH ON HAND, CLOSE OF REPORTING PERIOD		14,833.19	
8. DEBT OWED TO COMMITTEE	(+)	-0-	
9. SUBTOTAL		14,833.19	
10. DEBT OWED BY COMMITTEE	[+]	-0-	
11. TOTAL (Net Worth)		14,833.19	
TREASURER'S CERTIFICATION			
	-thuston amaunta nagaiya	d conform with the	
I certify that the statements on this document are true, and that the continuitations designated by law. I am aware that if any of the statements are			
, / .			
10/3/1/b Adam Pfeffer	/ / /		
DATE PRINT NAME	SIGNATU	RE	
2105 W. County Line Rd, Suite 3	(732) 364-	7333	
ADDRESS	*(AREA CODE) DAY TE		
Jackson, NJ 08527	(732) 364-	7333	
Jackson, NJ 00327	*(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	\$3,100.00	\$3,100.00
2.	CONTRIBUTIONS, MORE THAN \$300	17,800.00	17,800.00
2a.	CURRENCY CONTRIBUTIONS		
3.	TOTAL (Add lines 1, 2 and 2a)	20,900.00	20,900.00
4.	REFUND OF EXCESSIVE CONTRIBUTIONS (ADJUSTMENT SCHEDULE) (-)		
5.	SUBTOTAL (Subtract line 4 from line 3)	20,900.00	20,900.00
	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)	20,900.00	20,900.00
11.	IN-KIND CONTRIBUTIONS, \$300 OR LESS		
12,	IN-KIND CONTRIBUTIONS, MORE THAN \$300		
13.	GROSS RECEIPTS (Add lines 10, 11 and 12)	20,900.00	20,900.00
	TABLE II EXPENDITURES		
14.	OPERATING DISBURSEMENTS	6,221.90	6,626.81
	CONTRIBUTIONS (FROM THIS COMMITTEE) TO:		
15a.	NJ GUBERNATORIAL CANDIDATES/COMMITTEES		
15b.	NJ LEGISLATIVE CANDIDATES/COMMITTEES	8,200.00	8,200.00
15c.	ALL OTHER CANDIDATES/COMMITTEES	150.00	150.00
	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)	14,571.90	14,976.81
19.	IN-KIND CONTRIBUTIONS, \$300 OR LESS		
20.	IN-KIND CONTRIBUTIONS, MORE THAN \$300		
21.	GROSS EXPENDITURES (Add lines 18 through 20)	14,571.90	14,976.81

	DEPOSITORY SUMMARY				
PLEASE TYPE OR PRINT. PHOTOCOP	IES MAY BE USED IF ADDITION	ΙĄĻ.	FORMS ARE NEEDED.	. <u>-</u>	
COMMITTEE NAME: Ocean County Strong					
	BANK ACCOUN	I TV	NFORMATION		
1. NAME OF BANK Harmony Bank			(AREA CODE) TELEPHONE NUMB (732) 364-0088	ĖR .	
MAILING ADDRESS					
2120 West County Line Road					
Jackson, New Jersey 08527					
ACCOUNT NAME Operating Checking			ACCOUNT NUMBER xxxx4690		
opening ralance this period \$8,505.09	deposits this period 20,900.00		disbursements this period 14,421.90	closing balance this period \$14,983.19	
If the committee has more than	n one bank account within	th	e 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 NUME	IER	
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 that of the additional account(s) m		a th	e same bank, the name(s) and	l account number(s)	
ACCOUNT NAME			ACCOUNT NUMBER		
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD		DISBURSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD	
	OTHE	R A	SSETS		
Other than the bank account(s				an (please X):	
Other than the Dank accounts	s) listed above, does this co	оши	——	ag (picase A).	
Investment Instit	ution Money Market Acco	unt	Bonds		
Certificate of De	posit (C.D.)		Stocks		
Mutual Fund Acc	•		Real Proper	·ty	
Other (please spe			<u> </u>	•	
For each item checked ("X") above (or Property Schedule must be filed as page 1981)	other than real property), please	e cor	mplete the following information. If	real property is held, a Real	
1. NAME OF DEPOSITORY OR ISSUER			(AREA CODE) TELEPHONE NUM		
MAILING ADDRESS			<u> </u>		
CITY, STATE, ZIP CODE					
ACCOUNT NAME			ACCOUNT NUMBER		
TYPE OF ASSET					
MONEY MARKET C.D.	MUTUAL FUND BONDS		STOCKS OTHER (specify)		
VALUE OF ASSET AT PURCHASE IF APPLIC	CABLE.	DAT	TE OF MATURITY, IF APPLICABLE		
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD	1	DISBURSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD	

ITEMIZED RECEIPTS (Other than				E A Page No.	1 of 6
PLEASE TYPE OR PRINT. PHOTOCOPIES MAY RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FO			AL FORMS	S ARE NEEDED.	
X CURRENCY ALL OTHER MONETARY CONTRIBUTIONS	IN-KIND CONTRI			BURSEMENTS/ RDS OF DISBURSEMENTS	DIVIDENDS/ INTEREST
COMMITTEE NAME: Ocean County Strong					
ACCOUNT NAME and NUMBER:					
CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR A	IDDRESS (NUME	BER AND STREET)	
OCCUPATION	STATE USE ONLY	(CITY, STATE AN	D ZIP CODE)		
EMPLOYER NAME T&M Associates				DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET) P.O. Box 828				05/04/16	\$1,000.00
(CITY, STATE AND ZIP CODE)					
Red Bank, NJ 07701 RECEIPT DESCRIPTION (If In-kind)		AGUREGATE YE	AR-TO-DATE		
. _ .		\$1,000	.00		
CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR A	ADDRESS (NUMI	BER AND STREET)	-
OCCUPATION	STATE USE ONLY	(CITY, STATE AN	ID ZIP CODE)		
EMPLOYER NAME 244 Main Street Associates			····	DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET) 244 Main Street				05/16/16	\$ 600.00
(CITY, STATE AND ZIP CODE) Toms River, NJ 08753					1
RECEIPT DESCRIPTION (If In-kind)		AGGREGATE YE			
<u></u>		\$ 600.00	0		
CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR	ADDRESS (NUM	BER AND STREET)	
OCCUPATION	STATE USE ONLY	(CITY, STATE A	ND ZIP CODE)		
EMPLOYER NAME Chateau Holdings, LLC	•	•		DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET) 212 2nd Street, Suite 302				05/12/16	\$1,000.00
(CITY, STATE AND ZIP CODE) Lakewood, NJ 08701	<u>. </u>				
RECEIPT DESCRIPTION (If In-kind))		AGGREGATE YE			
CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR	ADDRESS (NUM	BER AND STREET)	
OCCUPATION	STATE USE ONLY	(CITY, STATE A)	ND ZIP CODE)		
EMPLOYER NAME Platinum Developers, LLC		<u> </u>		DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET) 210 Ocean Avenue				05/13/16	\$1,000.00
(CITY, STATE AND ZIP CODE) Lakewood, NJ 08701	•				
RECEIPT DESCRIPTION (If in-kind)		AGGREGATE YI \$1,000.0			
1. SUBTOTAL (Add all receipts listed on this	page.)	•		•	\$3,600.00
2. TOTAL RECEIPTS, THIS PERIOD (Compeach receipt type, Carry forward to applic	lete this line o	n the last pa	age usea 10	or	İ

ITEMIZED RECEIPTS (Other th	- -		LE A Page No.	
PLEASE TYPE OR PRINT. PHOTOCOPIES M. RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND			AS ARE NEEDED	
X CURRENCY ALL OTHER MONETARY CONTRIBUTIONS	IN-KIND CONTRIB	BUTIONS- RE	MBURSEMENTS/ FUNDS OF DISBURSEMENTS	DIVIDENDS/ INTEREST
COMMITTEE NAME: Ocean County Strong		45		
ACCOUNT NAME and NUMBER:				
CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NU	MBER AND STREET)	
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE)		
EMPLOYER NAME Dasti, Murphy & McGuckin, P.C.	<u> </u>		DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)			05/13/16	\$ 600.00
620 West Lacey Road (CITY, STATE AND ZIP CODE)				1
Forked River, NJ 08731		AGGREGATE YEAR-TO-DATE	4	
RECEIPT DESCRIPTION (If tn-kind)		\$ 600.00		
CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NU	MBER AND STREET)	
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE)		
EMPLOYER NAME Accurate Builders LLC			DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)			05/11/16	\$1,000.00
184 Stratford Place (CITY, STATE AND ZIP CODE)			- 05/11/10	\$1,000.00
Lakewood, NJ 08701	,	AGGREGATE YEAR-TO-DATE	4	
RECEIPT DESCRIPTION (If In-kind)		\$1,000.00		
CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (N	UMBER AND STREET)	
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE	j .	
EMPLOYER NAME Hiering, Dupignac, Stanzione, Dunn & Beck, P.C.		·	DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET) 64 Washington Street			05/16/16	\$ 600.00
(CITY, STATE AND ZIP CODE) Toms River, NJ 08753			:	
RECEIPT DESCRIPTION (If In-kind))		AGGREGATE YEAR-TO-DATE \$ 600.00	3	
CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (N	UMBER AND STREET)	
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE)	<u>, , , , , , , , , , , , , , , , , , , </u>
EMPLOYER NAME		<u> </u>	DATE(S) RECEIVED	AMOUNT(S) RECEIVED
The Kokes Organization EMPLOYER ADDRESS (NUMBER AND STREET)			THIS PERIOD	THIS PERIOD
55 Schoolhouse Road, P.O. Box D			05/17/16	\$ 600.00
(CITY, STATE AND ZIP CODE) Whiting, NJ 08759				
RECEIPT DESCRIPTION (If In-kind)		AGGREGATE YEAR-TO-DAT	E	
		\$ 000.00		
1. SUBTOTAL (Add all receipts listed on the				\$2,800.00
2. TOTAL RECEIPTS, THIS PERIOD (Coreach receipt type. Carry forward to apple	nplete this line o licable line on Pa	n the last page used age 2, Column A.)	for	

ITEMIZED RECEIPTS			LE A Page No.	3 of 6
PLEASE TYPE OR PRINT, PHOTO RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOI			1S ARE NEEDED	
X CURRENCY ALL OTHER MICONTRIBUTION	ONETARY IN-KIND CONTR.	IBUTIONS- REIS	MBURSEMENTS/ UNDS OF DISBURSEMENTS	DIVIDENDS/ INTEREST
COMMITTEE NAME: Ocean Cou	inty Strong			
ACCOUNT NAME and NUMBER:				
CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUM	MBER AND STREET)	
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE)		
EMPLOYER NAME Somerset Development, LLC			DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET) 101 Crawfords Corner Road			05/17/16	\$1,000.00
(CITY, STATE AND ZIP CODE) Holmdel, NJ 07733]	
RECEIPT DESCRIPTION (If In-kind)		\$1,000.00		
CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NU	MBER AND STREET)	
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE)		<u>, , , , , , , , , , , , , , , , , , , </u>
EMPLOYER NAME Regular Republican Club of Lakewoo	, od	<u></u>	DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED
EMPLOYER ADDRESS (NUMBER AND STREET)	<u></u>		05/09/16	\$ 600.00
P.O. Box 123 (CITY, STATE AND ZIP CODE)			-	
Lakewood, NJ 08701 RECEIPT DESCRIPTION (If In-kind)		AGGREGATE YEAR-TO-DATE	-	
		\$ 600,00		
CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NU	JMBER AND STREET)	
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE)		
EMPLOYER NAME Congregation Sons of Israel			DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET) 590 Madison Avenue			05/25/16	\$1,000.00
(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 (NU	IMBER AND STREET)	
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE)		<u> </u>
EMPLOYER NAME Re/Max on the Move Realty	<u> </u>	.1	DATE(S) RECEIVED THIS PERIOD	AMOUNT(\$) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET) 305 Main Street			05/23/16	\$1,000.00
(CITY, STATE AND ZIP CODE) Lakewood, NJ 08701				
RECEIPT DESCRIPTION (If In-kind)		AGGREGATE YEAR-TO-DATE \$1,000.00		
1. SUBTOTAL (Add all receipts	listed on this page.)			\$3,600.00
2. TOTAL RECEIPTS, THIS PE		on the last page used	for	

TEMIZED RECEIPTS (Other tha	n Loans)		LE A Page No.	4 of 6
LEASE TYPE OR PRINT, PHOTOCOPIES MA	Y BE USED IF A FOR EACH SEPARATE AC	ADDITIONAL FORM COUNT.)	<u>MS AKE NEEDED.</u>	
X CURRENCY ALL OTHER MONETARY CONTRIBUTIONS	IN-KIND CONTRIE EXPENDITURES N	SUTIONS- REI	MBURSEMENTS/ FUNDS OF DISBURSEMENTS	DIVIDENDS/ INTEREST
COMMITTEE NAME: Ocean County Strong			· · ·	
ACCOUNT NAME and NUMBER:				
CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NU	MBER AND STREET)	
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE)		-
		····	DATE(S) RECEIVED	AMOUNT(S) RECEIVED
Norman D. Smith, Attorney at Law			THIS PERIOD	THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET) 590 West Kennedy Blvd			05/25/16	\$1,000.00
(CITY, STATE AND ZIP CODE)	***			
Lakewood, NJ 08701 RECEIPT DESCRIPTION (If In-kind)		AGGREGATE YEAR-TO-DATE		1
		\$1,000.00		
CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NI	UMBER AND STREET)	
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE	,	.
EMPLOYER NAME		<u> </u>	DATE(S) RECEIVED	AMOUNT(S) RECEIVED
Mohel Elliot Bauer & Gass		, ,····	THIS PERIOD	THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET) 1339 River Avenue			05/23/16	\$ 600.00
(CITY, STATE AND ZIP CODE) Lakewood, NJ 08701				
RECEIPT DESCRIPTION (If In-kind)		AGGREGATE YEAR-TO-DATE		
<u> </u>	·····	<u></u>		
CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (N	NUMBER AND STREET)	
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP COD	E)	<u> </u>
EMPLOYER NAME Remington, Vernick & Vena Engineers, Inc.			DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)	<u>.</u>	<u>.</u>	05/20/16	\$1,000.00
9 Allen Street (CITY, STATE AND ZIP CODE)				1
Toms River, NJ 08753		AGGREGATE YEAR-TO-DAT	· ·	
RECEIPT DESCRIPTION (If In-kind))		\$1,000.00		
CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (1	NUMBER AND STREET)	
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP COD	E)	
				
емрьоуев NAME Kelaher, Van Dyke & Moriarty	· -		DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET) 680 Hooper Avenue, Building C, Suite 302			06/01/16	\$ 600.00
(CITY, STATE AND ZIP CODE) Toms River, NJ 08753		,		
RECEIPT DESCRIPTION (If In-kind)		AGGREGATE YEAR-TO-DA \$ 600.00	TE	
				\$3,200.00
1. SUBTOTAL (Add all receipts listed on the		on the last name was	d for	\$3,200.00
2. TOTAL RECEIPTS, THIS PERIOD (Coreach receipt type, Carry forward to app	mpiete this sine (licable line on P	age 2, Column A.)	u 101	

ITEMIZED RECEIPTS (Other than			ULE A Page No.	
PLEASE TYPE OR PRINT, PHOTOCOPIES MAY RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FO			MS ARE NEEDED	·
X CURRENCY ALL OTHER MONETARY CONTRIBUTIONS	IN-KIND CONTRI	BUTIONS- R	EIMBURSEMENTS/ EFUNDS OF DISBURSEMENTS	DIVIDENDS/ INTEREST
COMMITTEE NAME: Ocean County Strong				
ACCOUNT NAME and NUMBER:			·	
CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (N	IUMBER AND STREET)	- · · · · · · · · · · · · · · · · · · ·
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE	Ξ)	
BMPLOYER NAME	<u> </u>		DATE(S) RECEIVED	AMOUNT(S) RECEIVED
New Lines NJ LLC EMPLOYER ADDRESS (NUMBER AND STREET)			THIS PERIOD	THIS PERIOD
910 E. County Line Road	_		06/01/16	\$1,000.00
(CITY, STATE AND ZIP CODE) Lakewood, NJ 08701				
RECEIPT DESCRIPTION (If In-kind)	<u></u>	AGGREGATE YEAR-TO-DAT	Е	
		\$1,000.00		<u> </u>
CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (N	NUMBER AND STREET)	
Daniel Kasten]	600 Twin Oaks Dr		
occupation Accountant	STATE USE ONLY	(CITY, STATE AND ZIP CODE Lakewood, NJ 087		:
EMPLOYER NAME Twin Oaks Consulting, Inc			DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)			06/01/16	\$1,000.00
(CITY, STATE AND ZIP CODE)		-,··		
Lakewood, NJ 08701 RECEIPT DESCRIPTION (If In-kind)		AGGREGATE YEAR-TO-DAT	<u>re</u>	
		\$1,000.00		
CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS	(NUMBER AND STREET)	
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP COL	DE)	;
EMPLOYER NAME			DATE(S) RECEIVED	AMOUNT(S) RECEIVED
SLG LTD			THIS PERIOD	THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET) 5454 Fargo Avenue			05/19/16	\$1,000.00
(CITY, STATE AND ZIP CODE) Skokie, IL 60077				
RECEIPT DESCRIPTION (If In-kind))		AGGREGATE YEAR-TO-DA \$1,000.00	TE	
CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS	(NUMBER AND STREET)	
John L. Gluck		401 Monmouth A	venue	
occupation Retired	STATE USE ONLY	Pine Beach, NJ 08		
EMPLOYER NAME		- · · · · ·	DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)	<u></u>		06/01/16	\$ 600.00
(CITY, STATE AND ZIP CODE)		•		
RECEIPT DESCRIPTION (If In-kind)		AGGREGATE YEAR-TO-DA \$ 600.00	ATE	
1. SUBTOTAL (Add all receipts listed on this	nage)			\$3,600.00
		n the last page use	d for	· ·
2. TOTAL RECEIPTS, THIS PERIOD (Compeach receipt type, Carry forward to applic	able line on Pa	age 2, Column A.)		

ITEMIZED RECEIPTS (Other than			E A Page No.	6 of 6
PLEASE TYPE OR PRINT. PHOTOCOPIES MAT RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FO			S ARE NEEDED.	
X CURRENCY ALL OTHER MONETARY CONTRIBUTIONS	IN-KIND CONTRA	BUTIONS- REIM	BURSEMENTS! 'NDS OF DISBURSEMENTS	DIVIDENDS/ INTEREST
COMMITTEE NAME: Ocean County Strong				
ACCOUNT NAME and NUMBER:				
CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUM	BER AND STREET)	
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE)		
EMPLOYER NAME Pine Belt Chevrolet	.1		DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET) 1088 Route 88		·	06/01/16	\$1,000.00
(CITY, STATE AND ZIP CODE)			1	
Lakewood, NJ 08701 RECEIPT DESCRIPTION (If In-kind)		AGGREGATE YEAR-TO-DATE	1	
		\$1,000.00	<u></u>	<u> </u>
CONTRIBUTOR NAME	STATE USB ONLY	CONTRIBUTOR ADDRESS (NUM	IBER AND STREET)	
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE)		
EMPLOYER NAME			DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)			1410 1 14100	I I I I I I I I I I I I I I I I I I I
(CITY, STATE AND ZIP CODE)	···		1	
RECEIPT DESCRIPT(ON (If In-kind)	• • ·	AGGREGATE YEAR-TO-DATE	1	
CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NU	MBER AND STREET)	
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE)	<u> </u>	
EMPLOYER NAME			DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)			THIS FERIOU	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(CITY, STATE AND ZIP CODE)			†	
RECEIPT DESCRIPTION (If In-kind))		AGGREGATE YEAR-TO-DATE	1	
CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUM	MBER AND STREET)	
COLLEGERATIONS				
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE)	"	
EMPLOYER NAMB		· · · · · · · · · · · · · · · · · · ·	DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)				
(CITY, STATE AND ZIP CODE)		· · · · · · · · · · · · · · · · · · ·		
RECEIPT DESCRIPTION (If In-kind)		AGGREGATE YEAR-TO-DATE		
1. SUBTOTAL (Add all receipts listed on this	s page.)	, L	<u> </u>	\$ 1,000.00
2. TOTAL RECEIPTS, THIS PERIOD (Compeach receipt type, Carry forward to applic		n the last page used f	or	\$17,800.00

LOANS RECEIVED			SCHEDULE B	Page No. of
PLEASE TYPE OR PRINT, PHOTO USE A SEPARATE "SCHEDULE B" FOR EACH SEPAR	OCOPIES MAY BE USED I	IF ADDITIONAL F	ORMS ARE NEEDE	ED.
COMMITTEE NAME: Ocean Cou	nty 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		¯c	ITY, STATE AND ZIP CODE)	AGGREGATE YEAR-TO-DATE
2) NAME AND ADDRESS OF GUARANTOR	- N /	\mathbf{A}^{-}		AMOUNT OUTSTANDING
OCCUPATION	- ⊥ √ / .		TY, STATE AND ZIP CODE)	AGGREGATE YEAR-TO-DATE
NAME AND ADDRESS OF LENDER	ORIGINAL LOAN AMOUNT	NEW LOANS THIS PERIOD	TOTAL AMOUNT OF LOAN PLUS INTEREST	OUTSTANDING BALANCE THIS PERIOD
	PAYMENTS THIS PERIOD:	AMOUNT	CHECK NO(S).	DATE(S)
OCCUPATION	TERMS:	DATE INCURRED	DATE DUE	ANNUAL INTEREST RATE
EMPLOYER NAME AND ADDRESS (NUMBER, STREE	T, CITY, STATE AND ZIP CODE)		· · · · · · · · · · · · · · · · · · ·	AGGREGATE YEAR-TO-DATE
I) NAME AND ADDRESS OF GUARANTOR				AMOUNT OUTSTANDING
OCCUPATION	EMPLOYER NAME AND AD	DRESS (NUMBER, STREET, C	TITY, STATE AND ZIP CODE)	AGGREGATE YEAR-TO-DAT
2) NAME AND ADDRESS OF GUARANTOR				AMOUNT OUTSTANDING
OCCUPATION	EMPLOYER NAME AND AI	DDRESS (NUMBER, STREET,	CITY, STATE AND ZIP CODE)	AGGREGATE YEAR-TO-DATE
1. TOTAL NEW LOANS, THIS	PERIOD (Complete this li	ine on the last nage	e used.	<u> </u>
Carry forward to Page 2, Line	e 9, Column A.)	on the tast page		
2. TOTAL AMOUNT OF LOANS	···		-4	
 TOTAL LOAN PAYMENTS, Carry forward to Page 2, Line 	· · ·	this line on the las	st page used.	
4. TOTAL OF ALL OUTSTAND		EST (Complete th	is line on the	, , , , , , , , , , , , , , , , , , , ,

Page No. οf REFUND OF EXCESSIVE CONTRIBUTIONS PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED. USE A SEPARATE "ADJUSTMENT SCHEDULE" FOR EACH SEPARATE ACCOUNT COMMITTEE NAME: Ocean County Strong ACCOUNT NAME and NUMBER: IF A MONETARY CONTRIBUTION IN EXCESS OF THE CONTRIBUTION LIMIT IS DEPOSITED, PLEASE REPORT THE REFUND OF THE EXCESS AMOUNT ON THIS ADJUSTMENT SCHEDULE. REFUNDED PAYMENT CHECK **AMOUNT** NO. DATE PAYEE NAME AND ADDRESS 1. TOTAL REFUND OF EXCESSIVE CONTRIBUTIONS, THIS PERIOD (Complete

ADJUSTMENT SCHEDULE

this line on the last page used. Carry forward to Page 2, Line 4, Column A.)

ITEMIZED OPERATING DISBUPLEASE TYPE OR PRINT. PHOTOCOPIES N		EDULE C Page N L FORMS ARE NEI		1
ISE A SEPARATE "SCHEDULE C" FOR EACH SEPARATE ACCOUNT				
COMMITTEE NAME: Ocean County Strong	•			
ACCOUNT NAME and NUMBER:				1
PAYEE OR CREDITOR NAME,	B11BB00B4	AMOUNT(S)	TRANS-	
ADDRESS (Number and Street,	PURPOSE*	DISBURSED	ACTION	CHECK
City, State, Zip Code)	· · · · · · · · · · · · · · · · · · ·	THIS PERIOD	DATE(S)	NO(S).
* Legislative Leadership Committ	ees - See Instructions concern	ing permissible us	es of funds.	
River 978		\$ 500.00	04/14/16	1005
978 River Avenue	Event Venue	\$ 2,200.00	05/25/16	1006
Lakewood, NJ 08701		\$ 2,120.00	06/01/16	1011
Jack Nadel International				
237 West 35th St., 16th Floor	Promotional Items	\$ 257.56	05/27/16	1007
New York, NJ 10001			!	
Glatt Express 2	a .	0 750.00	06/01/17	1000
1700 Madison Avenue, #18	Caterer	\$ 750.00	05/31/16	1008
Lakewood, NJ 08701		4. 2(1.2)	06/01/16	1010
BP Print Group	Printing	\$ 264.96	06/01/16	1010
315 4th Street Lakewood, NJ 08701	Finding	\$ 129.38	06/06/16	1012
Lakewood, 143 00701		127.50	00140114	
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1. SUBTOTAL (Add all disbursements list	ted on this page.)	\$6,221.90	<u> </u>	
2. TOTAL DISBURSEMENTS, THIS PERI		***************************************	1	
last page used. Carry forward to Page 2		\$6,221.90	Į.	

ITEMIZED MONETARY CONTRIBUTIONS MADE TO CANDIDATES AND COMMITTEES			E D Page	No. 1 of 1
PLEASE TYPE OR PRINT, PHOTOCOPIES MAY USE A SEPARATE "SCHEDULE D" FOR EACH SEPARATE ACCOUNT AND EA		L FORMS	ARE NEEDE	ED.
NEW JERSEY GUBERNATORIAL 👽	NEW JERSBY LEGISLATIVE CANDIDATES/COMMITTEES		ALL OTHE	R CANDIDATES/COMMITTEES
COMMITTEE NAME: Ocean County Strong			<u>.</u>	
ACCOUNT NAME and NUMBER:				
	ELECTION DATE DISTRICT OR COUNTY		ECK	AMOUNT
RECIPIENT NAME, ADDRESS	DISTRICT OR COUNTY OR MUNICIPALITY	NO(S)	DATE(S)	OF EACH CONTRIBUTION
(Number and Street, City, State, Zip Code)	November 8, 2016	NO(S).	DATE(S)	CONTRIBUTION
Election Fund of Senator Robert W. Singer 850 Bellevue Avenue	November 6, 2016	1009	06/01/16	\$8,200.00
Lakewood, NJ 08701	District 30		·	
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1. SUBTOTAL (Add all contributions made to	each recipient type liste	d on this p	age.)	\$8,200.00
2. TOTAL, THIS RECIPIENT TYPE, THIS PE				
used for each recipient type. Carry forward Line 15b, or Line 15c, Column A.)	\$8,200.00			

ITEMIZED MONETARY CONTRIBUTO CANDIDATES AND COMMITTE		SCHEDUL	E D Page	No. 1 of 1		
PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED. USE A SEPARATE "SCHEDULE D" FOR EACH SEPARATE ACCOUNT AND EACH SEPARATE RECIPIENT TYPE						
	NEW JERSEY LEGISLATIVE CANDIDATES/COMMITTEES		X ALL OTHE	R CANDIDATES/COMMITTEES		
COMMITTEE NAME: Ocean County Strong						
ACCOUNT NAME and NUMBER:		····				
	ELECTION DATE	СН	ECK	AMOUNT		
RECIPIENT NAME, ADDRESS	DISTRICT OR COUNTY			OF EACH		
(Number and Street, City, State, Zip Code)	OR MUNICIPALITY	NO(S).	DATE(S)	CONTRIBUTION		
Committee to Elect Mike Thulen, Jr.	November 8, 2016	1014	06/27/16	\$ 150.00		
1736 Bay Isle Drive Point Pleasant, NJ 08742	Point Pleasant, NJ	1014	00/27/10	\$ 150.00		
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<u>-</u>		<u> </u>	- 			
1. SUBTOTAL (Add all contributions made to	\$ 150.00					
2. TOTAL, THIS RECIPIENT TYPE, THIS PE used for each recipient type. Carry forward Line 15b, or Line 15c, Column A.)	• -		page	\$ 150.00		

ITEMIZED EXPENDITUR				CCHENILE	Daga Na		of
ON BEHALF OF CANDID. PLEASE TYPE OR PRINT. PHOTOC				SCHEDULE E RMS ARE NEE			71
USE A SEPARATE "SCHEDULE E" FOR EACH SEPARATE							
NEW JERSEY GUBERNATORIAL CANDIDATES/COMMITTEES		NEW JERSEY LEGISLAT CANDIDATES/COMMITT		ALL OTHER	CANDIDATES/COM	AMITTE	9 S
COMMITTEE NAME: Ocean County	v Strong		····				·
ACCOUNT NAME and NUMBER:			_		_		
PAYEE NAME, ADDRESS	·	PURPOSE	AMOUNT(S) T		-	TRANSACTION CHE	
(Number, Street, City, State and Zip Code)	:		INCORRESS NOT PAID	DISBURSED	DATE(S	,	NO(S).
ALLOCATION OF EXPEN	DITURES E	BENEFITING CA	NDIDATE(S)/CO	MMITTEES(S)	<u> </u>		
CANDIDATE/COMMITT		<u> </u>	ELECTION	DISTRICT OR			-RATED
			DATE	OR MUNICI	ALITY	AM	OUN'I
- ···		V/	A				
PAYEE NAME, ADDRESS (Number, Street, City, State and Zip Code)	_ <u>_</u> _		INCURRED/NOT PAID	THIS PERIOD	TRANSACT DATE(S		CHECK NO(S).
ALLOCATION OF EXPEN	IDITI IDES I	RENEEITING CA	NDIDATE(\$)/CO	<u> </u> MMITTEES(S)			
CANDIDATE/COMMITT		bener i ind er	ELECTION	DISTRICT OF	COUNTY	PRO	O-RATED
			DATE	OR MUNICI	PALITY	AM	OUNT
			<u> </u>			+	
	<u> </u>					<u></u>	
						1	
1. SUBTOTAL (Add all disbursem	ents made	to each recipien	t type				
listed on this page.)				1			
2. TOTAL DISBURSEMENTS, TH							
page used for each recipient typ	-		z, either				
Line 16a, Line 16b, or Line 16c,		•		<u> </u>			
3. SUBTOTAL (Add all outstanding	ng obligatio	ons incurred/		•			
not paid, listed on this page.) 4. TOTAL OUTSTANDING OBLI	CATIONS	INCHOREN/					
NOT PAID (Complete this line on							
Carry back to Page 10, "Sched		•					

DEBTS AND OBLIGATIONS OF	WED BY COM	MITTEE	SCHEDULE F	PAGE No. of
PLEASE TYPE OR PRINT. PHOTOCOPIES USE A SEPARATE "SCHEDULE F" FOR EACH SEPARATE ACCOUNT	MAY BE USED IF A	ADDITIONAL FOR	MS ARE NEEDED.	
COMMITTEE NAME: Ocean County Strong	Ţ			
ACCOUNT NAME and NUMBER:				
CREDITOR NAME AND ADDRESS	OUTSTANDING BEGINNING BAL-	AMOUNT INCURRED	PAYMENTS	OUTSTANDING BALANCE
(Number, Street, City, State and Zip Code)	ANCE THIS PERIOD	THIS PERIOD	THIS PERIOD	THIS PERIOD
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SHMMADY OF DEDTS AND ODITIONS	g.		<u> </u>	
SUMMARY OF DEBTS AND OBLIGATION	····			
1. TOTAL OUTSTANDING ORLIGATION		·	•	
2. TOTAL OUTSTANDING OBLIGATION CANDIDATES/COMMITTEES FROM			Or	!
3. TOTAL OUTSTANDING OBLIGATION		- 1, WILLS T		-
(Complete this line on the last page				
4. TOTAL OUTSTANDING DEBTS/OBL		Y COMMITTEE (A	Add lines	
1, 2 and 3. Carry forward to front page	ge, Line 10.)			

DEBTS AND OBLIGATIONS OV (Accounts Receivable)	VED TO COM	VIII I EE	SCHEDULE G F	age No. of
PLEASE TYPE OR PRINT. PHOTOCOPIES USE A SEPARATE "SCHEDULE G" FOR EACH SEPARATE ACCOUNT	MAY BE USED IF A	ADDITIONAL FOR	MS ARE NEEDED.	
COMMITTEE NAME: Ocean County Strong	J			
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				
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DATE DEST INCURRED DEST DESCRIPTION				
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DATE DEBT INCURRED DEBT DESCRIPTION				
DATE DEBT INCURRED DEBT DESCRIPTION		:	1 1 2 3	
			<u> </u>	
1. SUBTOTAL (Add all debts and obligation			·	
2. TOTAL DEBTS AND OBLIGATIONS Clast page used. Carry forward to front		TTEE (Complete th	is line on the	