



RECEIPTS AND EXPENDITURES QUARTERLY REPORT

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

P.O. Box 185, Trenton, NJ 08625-0185
(609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532)
www.elec.state.nj.us

FORM R-3
FOR STATE USE ONLY

ELEC RECEIVED
JUL 18 2018

PLEASE TYPE OR PRINT

Committee Name or Approved Acronym N. Arlington Republican Club

Address (Number and Street) [] Check if different than previously reported 36 Union Place

City, State, Zip Code North Arlington, NJ 07031 ELEC Identification Number K0239000122Q2015

Committee Type [X] CPC [] PPC [] LLC Check if: [] Amendment [] First Report Filed Report Quarter [] Apr 15 [X] Jul 15 [] Oct 15 [] Jan 15 Year 2018

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

Table with 4 columns: Period Covered, From 4/1/18, Through 6/30/2018, Column A This Report, Column B Calendar Year-to-Date. Rows include Cash on Hand, Monetary Receipts, Expenditures, and Subtotal.

Table with 2 columns: Description, Amount. Rows include Cash on Hand, Debt owed to Committee, Debt Owed by Committee, and Total (Net Worth).

TREASURER CERTIFICATION

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

7/11/18
DATE

Benjamin W. Inzinna
PRINT NAME

[Handwritten Signature]
SIGNATURE

36 Union Place
ADDRESS

201-997-1908
*(AREA CODE) DAY TELEPHONE NUMBER

North Arlington, NJ 07031

*(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	-0-	-0-
2. Contributions, more than \$300 (Schedule A)	3,000.00	3,000.00
2a. Currency Contributions (Schedule A)	-0-	-0-
3. Total (Add lines 1, 2 and 2a)	3,000.00	3,000.00
4. Refund of Contributions (Adjustment Schedule) (-)	-0-	-0-
5. Subtotal (Subtract line 4 from line 3)	3,000.00	3,000.00
Other Receipts		
6. Reimbursements/Refunds (Schedule A)	-0-	-0-
7. Dividends/Interest (Schedule A)	-0-	-0-
8. Loans Received by Committee, \$300 or Less	-0-	-0-
9. Loans Received by Committee more than \$300 and all Currency Loans (Schedule B)	-0-	-0-
10. Total Monetary Receipts (Add lines 5 through 9)	3,000.00	3,000.00
11. In-kind Contributions, \$300 or less	-0-	-0-
12. In-kind Contributions, more than \$300 (Schedule A)	-0-	-0-
13. Gross Receipts (Add lines 10, 11 and 12)	3,000.00	3,000.00
TABLE II EXPENDITURES		
14. Operating Disbursement (Schedule C)	507.20	507.20
Contributions (from the Committee) to:		
15a. NJ Gubernatorial Candidates/Committees (Schedule D)	-0-	-0-
15b. NJ Legislative Candidates/Committees (Schedule D)	-0-	-0-
15c. All other Candidates/Committees (Schedule D)	-0-	-0-
Expenditures Made on Behalf of:		
16a. NJ Gubernatorial Candidates/Committees (Schedule E)	-0-	-0-
16b. NJ Legislative Candidates/Committees (Schedule E)	-0-	-0-
16c. All other Candidates/Committees (Schedule E)	-0-	-0-
16d. Independent Expenditures (Schedule E)	-0-	-0-
17. Loan Payments (Schedule B)	-0-	-0-
18. Total Monetary Expenditures (Add lines 14 through 17)	507.20	507.20
19. In-kind contributions, \$300 or Less (Table I, Line 11)	-0-	-0-
20. In-kind contributions, more than \$300 (Table I, Line 12)	-0-	-0-
21. Gross Expenditures (Add lines 18 through 20)	507.20	507.20

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

Committee Name: North Arlington Republican Club

BANK ACCOUNT INFORMATION

1. Name of Bank Bank of America		(Area Code) Telephone Number	
Mailing Address 119 Ridge Road			
City, State, Zip Code North Arlington, NJ 07031			
Account Name North Arlington Republican Club			
Opening Balance this Period 12,764.76	Deposits this Period 3,000.00	Disbursements this Period 507.20	Closing Balance this Period 15,257.56

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

Account Name			
Opening Balance this Period	Deposits this Period	Disbursements this Period	Closing Balance this Period

2. Name of Bank		(Area Code) Telephone Number	
Mailing Address			
City, State, Zip Code			
Account Name			
Opening Balance this Period	Deposits this Period	Disbursements this Period	Closing Balance this Period

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

Account Name			
Opening Balance this Period	Deposits this Period	Disbursements this Period	Closing Balance this Period

OTHER ASSETS

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

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

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

1. Name of Depository or Issuer		(Area Code) Telephone Number	
Mailing Address			
City, State, Zip Code			
Account Name			
Type of Asset <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)		SCHEDULE A	Page No.	of
PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.				
Receipt Type (Use a separate "Schedule A" for each type and for each separate account.)				
<input type="checkbox"/> Currency		<input checked="" type="checkbox"/> All other Monetary Contributions		<input type="checkbox"/> In-Kind Contributions-Expenditures Made by Others
<input type="checkbox"/> Reimbursements/Refunds of Disbursements		<input type="checkbox"/> Dividends/Interest		
Committee Name NORTH ARLINGTON REPUBLICAN CLUB				
Account Name NORTH ARLINGTON REPUBLICAN CLUB				
Contributor Name Porette Development Co.		Contributor Address (Number and Street) 215 Coles Street		
Occupation		City, State, Zip Code Jersey City, NJ 07310		
Employer Name		Date(s) Received this Period	Amount(s) Received this Period	
Employer Address		4/12/18	1,500.00	
City, State, Zip Code				
Receipt Description (If In-Kind)		Aggregate Year-to-Date		
Contributor Name Porette Development Co.		Contributor Address (Number and Street) 215 Coles Street		
Occupation		City, State, Zip Code Jersey City, NJ 07310		
Employer Name		Date(s) Received	Amount(s) Received	
Employer Address		6/1/18	1,500.00	
City, State, Zip Code				
Receipt Description (If In-Kind)		Aggregate Year-to-Date 3,000.00		
Contributor Name		Contributor Address (Number and Street)		
Occupation		City, State, Zip Code		
Employer Name		Date(s) Received	Amount(s) Received	
Employer Address				
City, State, Zip Code				
Receipt Description (If In-Kind)		Aggregate Year-to-Date		
Contributor Name		Contributor Address (Number and Street)		
Occupation		City, State, Zip Code		
Employer Name		Date(s) Received	Amount(s) Received	
Employer Address				
City, State, Zip Code				
Receipt Description (If In-Kind)		Aggregate Year-to-Date		
1. SUBTOTAL (Add all receipts listed on this page.)				
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.)				
			\$3,000.00	

N/A

LOANS RECEIVED		SCHEDULE B	Page No.	of
PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED. Use a separate "SCHEDULE B" for each separate account.				
Committee Name North Arlington Republican Club				
Account Name				
Name and Address of Lender	Original Loan Amount	New Loan this Period	Total Amount of Loan Plus Interest	Outstanding Balance this Period
	Payments this Period	Amount	Check No(s)	Date(s)
Occupation	Terms:	Date Incurred	Date Due	Annual Interest Rate
Employer Name and Address (Number, Street, City, State and Zip Code)				Aggregate Year-to-Date
1. Name and Address of Guarantor				Amount Outstanding
Occupation	Employer Name and Address (Number, Street, City, State and Zip Code)			Aggregate Year-to-Date
2. Name and Address of Guarantor				Amount Outstanding
Occupation	Employer Name and Address (Number, Street, City, State and Zip Code)			Aggregate Year-to-Date
Name and Address of Lender	Original Loan Amount	New Loan this Period	Total Amount of Loan Plus Interest	Outstanding Balance this Period
	Payments this Period	Amount	Check No(s)	Date(s)
Occupation	Terms	Date Incurred	Date Due	Annual Interest Rate
Employer Name and Address (Number, Street, City, State and Zip Code)				Aggregate Year-to-Date
1. Name and Address of Guarantor				Amount Outstanding
Occupation	Employer Name and Address (Number, Street, City, State and Zip Code)			Aggregate Year-to-Date
2. Name and Address of Guarantor				Amount Outstanding
Occupation	Employer Name and Address (Number, Street, City, State and Zip Code)			Aggregate Year-to-Date
1. TOTAL NEW LOANS, THIS PERIOD (Complete this line on the last page used. Carry forward to Page 2, Line 9, Column A.)				
2. TOTAL AMOUNT OF LOANS PLUS INTEREST, THIS PERIOD				
3. TOTAL LOAN PAYMENTS, THIS PERIOD (Complete this line on the last page used. Carry forward to Page 2, Line 17, Column A.)				
4. TOTAL OF ALL OUTSTANDING LOANS PLUS INTEREST (Complete this line on the last page used. Carry back to Page 10, "Schedule F", Line 1.)				

ITEMIZED OPERATING DISBURSEMENTS		SCHEDULE C	Page No.	of
PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED. Use a separate "SCHEDULE C" for each separate account.				
Committee Name North Arlington Republican Club				
Account Name North Arlington Republican Club				
Payee or Creditor Name, Address (Number, Street, State, City, State and Zip Code)	Purpose*	Amount(s) Disbursed this Period	Transaction Dates	Check No(s)
*Legislative Leadership Committees - See instructions concerning permissible uses of funds.				
North Arlington HS Scholarship Fund 222 Ridge Road North Arlington, NJ 07031	5/\$100.00 Senior Scholarships	500.00	4/2/18	1894
United States Post Office 10 Ridge Road North Arlington, NJ 07031	Postage to mail to Elec	7.20	4/16/18	Check Card
1. SUBTOTAL (Add all disbursements listed on this page.)				
2. TOTAL DISBURSEMENTS, THIS PERIOD (Complete this line on the last page used. Carry forward to Page 2, Line 14, Column A.)				\$507.20

N/A

ITEMIZED MONETARY CONTRIBUTIONS MADE TO CANDIDATES/COMMITTEES		SCHEDULE D		Page No.	of
PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED. Use a separate "SCHEDULE D" for each separate account and each separate recipient type.					
<input type="checkbox"/> New Jersey gubernatorial Candidates/Committees		<input type="checkbox"/> New Jersey Legislative Candidates/Committees			
<input checked="" type="checkbox"/> All Other Candidates/Committees					
Committee Name North Arlington Republican Club					
Account Name					
Recipient Name and Address (Number and Street, City, State, Zip Code)	Election Date	Check		Amount of each Contribution	
	District or County or Municipality	No(s)	Date(s)		
1. SUBTOTAL (Add all contributions made to each recipient type listed on this page.)					
2. TOTAL, THIS RECIPIENT TYPE, THIS PERIOD (Complete this line on the last page used for each recipient type. Carry forward to Page 2, either Line 15a, Line 15b, or Line 15c, Column A.)					

N/A

DEBTS AND OBLIGATIONS OWED BY COMMITTEE		SCHEDULE F	Page No.	of
PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED. Use a separate "SCHEDULE F" for each separate account.				
Committee Name North Arlington Republican Club				
Account Name				
Creditor Name and Address (Number, Street, City, State, and Zip Code)	Outstanding Beginning Balance this Period	Amount Incurred this Period	Payments this Period	Outstanding Balance this Period
Debt Purpose				
Debt Purpose				
Debt Purpose				
Debt Purpose				
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.)				

N/A

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 North Arlington Republican Club					
Account Name					
Debtor Name and Address (Number, Street, City, State, and Zip Code)		Balance Due at beginning of this Period	New Amount this Period	Total Amount Received this Period	Balance Due at Close of this Period
Date Debt Incurred	Debt Description				
Date Debt Incurred	Debt Description				
Date Debt Incurred	Debt Description				
Date Debt Incurred	Debt Description				
Date Debt Incurred	Debt Description				
SUMMARY OF DEBTS AND OBLIGATIONS					
1. SUBTOTAL (Add all debts and obligations owed to committee listed on this page.)					
2. TOTAL DEBTS AND OBLIGATIONS OWED TO COMMITTEE (Complete this line on the last page used. Carry forward to front page, Line 8.)					