

FORM R-1		REPORT OF CONTRIBUTIONS AND EXPENDITURES		REPORT (CHECK ONE)	
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 <a href="http://www.elec.state.nj.us/">http://www.elec.state.nj.us/</a>				<input type="checkbox"/> 29 - DAY PRE-ELECTION <input type="checkbox"/> 11 - DAY PRE-ELECTION <input type="checkbox"/> 20 - DAY POST-ELECTION <input type="checkbox"/> Apr 15, _____ <input checked="" type="checkbox"/> July 15, <u>2006</u> <input type="checkbox"/> Oct 15, _____ <input type="checkbox"/> Jan 15, _____	
CANDIDATE OR COMMITTEE NAME <b>Committee to Elect Barbara Holcomb</b>				Amendment Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
STREET ADDRESS <b>POB 304</b>				For State Use Only <b>ELEC RECEIVED</b> <b>JUL 17 2006</b>	
CITY <b>Sicklerville</b>	STATE <b>NJ</b>	ZIP CODE <b>08081</b>			
COUNTY <b>Camden</b>	ELECTION DISTRICT OR MUNICIPALITY <b>Winslow twp</b>				
POLITICAL PARTY, IF ANY <b>Democrat</b>	OFFICE SOUGHT <b>Twp. Committee</b>				
ELECTION DATE <b>1/20/04</b>	ELECTION TYPE (CHECK ONE)	<input type="checkbox"/> PRIMARY <input type="checkbox"/> RUN-OFF	<input type="checkbox"/> MUNICIPAL <input type="checkbox"/> SCHOOL	<input type="checkbox"/> GENERAL <input checked="" type="checkbox"/> SPECIAL	
SUMMARY TABLES DO NOT ATTEMPT TO COMPLETE TABLES I AND II UNTIL APPROPRIATE SCHEDULES HAVE BEEN COMPLETED					
TABLE I RECEIPTS				THIS REPORT	CUMULATIVE TO DATE
1 MONETARY CONTRIBUTIONS OF \$300 OR LESS				\$	\$ 350.00
2 MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]				\$ 7,856.35	\$ 37,556.35
3 IN-KIND CONTRIBUTIONS OF \$300 OR LESS				\$	\$
4 IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]				\$	\$
5 LOANS RECEIVED IN EXCESS OF \$300 AND ALL CURRENCY LOANS [Schedule C]				\$	\$
6 SUB TOTAL (ADD LINES 1 THRU 5)				\$ 7,856.35	\$ 37,906.35
7 REFUND OF EXCESSIVE CONTRIBUTIONS [Adjustment Schedule] (-)				\$	\$ 800.00
8 TOTAL CONTRIBUTIONS				\$ 7,856.35	\$ 37,106.35
9 ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)				\$	\$ 7,500.00
10 TOTAL RECEIPTS (ADD LINE 8 + LINE 9)				\$ 7,856.35	\$ 44,606.35
TABLE II. EXPENDITURES					
1 DISBURSEMENTS -CAMPAIGN EXPENSES [Schedule 1(D)]				\$	\$ 25,654.15
2 DISBURSEMENTS - OTHER [Schedule 2(D)]				\$ 7,856.35	\$ 7,856.35
3 DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]				\$ 11,000.00	\$ 11,000.00
4 CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)]				\$	\$
5 IN-KIND CONTRIBUTIONS OF \$300 OR LESS (TABLE I, LINE 3)				\$	\$
6 IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)				\$	\$
7 SUB TOTAL (ADD LINES 1 THRU 6)				\$ 18,856.35	\$ 44,510.50
8 REFUNDED DISBURSEMENTS [Schedule F] (-)				\$	\$
9 TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)				\$ 18,856.35	\$ 44,510.50

**SCHEDULE A**  
**Monetary Contributions in Excess of \$300 and All Currency Contributions**

CONTRIBUTOR NAME Winslow Democrats 2006			EMPLOYER NAME	
CONTRIBUTOR ADDRESS POB 304			EMPLOYER ADDRESS	
Sicklerville, NJ 08081				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION			6/28/06	7,856.35
CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	\$ 7,856.35	
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$ 7,856.35	

**SCHEDULE 2(D) - DISBURSEMENTS**

Other

PAYMENT DATE	CHECK NO	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
6/29/06	227	Churchill PC 344 N Rt 73 Berlin, NJ 08009	Refund excessive contribution to Winslow Dem 2003 (per elect) funds from 2003 were tranferred to this account - 2003 is closed	\$ 7,856.35	\$	\$
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>			<b>TOTAL, THIS PAGE</b>	\$ 7,856.35	\$	\$
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>			<b>GRAND TOTAL</b>	\$ 7,856.35	\$	\$

**SCHEDULE 3(D) - DISBURSEMENTS**  
**Contributions made to other Candidates/Committees**

PAYMENT DATE	CHECK NO	RECIPIENT CANDIDATE/COMMITTEE	ADDRESS	AMOUNT
5/25/06	201	Winslow Democrats 2006	POB 304, Sicklerville NJ 08081	\$ 11,000.00
(COMPLETE THIS LINE FOR EVERY PAGE USED)				TOTAL, THIS PAGE
COMPLETE THE FOLLOWING LINES FOR LAST PAGE USED				
SCHEDULE 3(D) GRAND TOTAL				1 \$ 11,000.00
ADD THE "PRO - RATA AMOUNT OTHERS" COLUMN FROM SCHEDULES 1(D) AND 2(D)				2 \$
GRAND TOTAL OF CONTRIBUTIONS MADE TO AND ON BEHALF OF CANDIDATES/COMMITTEES				3 \$ 11,000.00

**STATEMENT OF CAMPAIGN DEPOSITORY AND CAMPAIGN TREASURER**

Opening Balance, this report  
 (Insert closing balance of last report, or, if this is the first report filed by this entity for this election, insert zero) \$ 11,095.82

Funds Transferred from Prior Campaign \$ \_\_\_\_\_

Deposits (Include interest) \$ 7,856.35

Disbursements (Include bank charges) \$ 18856.35

Closing Balance, this Report \$ 95.82

Commerce Bank 7858849 Committee to Elect Barbara Holcomb  
 NAME OF BANK OR DEPOSITORY ACCOUNT NUMBER NAME OF ACCOUNT  
 385 White Horse Pike, Atco NJ 08004  
 ADDRESS OF BANK OR DEPOSITORY  
 Maryann Frye 856-374-6304  
 NAME OF TREASURER \*TELEPHONE NUMBER (DAY)  
 POB 304 Sicklerville, NJ 08081  
 ADDRESS OF 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.

<u>6/30/06</u> DATE	<u>BARBARA Holcomb</u> PRINT FULL NAME (CANDIDATE)	<u>Barbara Holcomb</u> SIGNATURE (CANDIDATE)
<u>6/3</u> DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
<u>6/30/06</u> DATE	<u>Maryann Frye</u> PRINT FULL NAME (TREASURER)	<u>Maryann Frye</u> SIGNATURE (TREASURER)

Treasurers for Gubernatorial and Legislative candidates are required to receive training with the New Jersey Election Law Enforcement Commission. Check here  if you have completed the training and enter your Treasurer Training ID# \_\_\_\_\_

**DECLARATION OF FINAL REPORT**

If this is the final report, sign applicable Declaration below as well as Certification above. Chapter 65 of the Laws of 1993 requires that all filing entities continue to file reports with the Commission until all campaign business is wound up and the fund is dissolved.

I certify that all contributions or other monies received by this election fund have been disbursed, that there are no outstanding loans or other obligations, and that the election fund has wound up its business and has been dissolved.

_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (TREASURER)	_____ SIGNATURE (TREASURER)