



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

APR 15 2013

PLEASE TYPE OR PRINT

Committee Name or Approved Acronym REPUBLICAN NAT'L COMMITTEE (RNC)

Address (Number and Street) Check if different than previously reported
310 FIRST ST. SE

City, State, Zip Code WASHINGTON, DC

ELEC Identification Number K0000 0022 22 Q

Committee Type CPC PPC LLC Amendment First Report Filed Report Quarter Apr 15 Jul 15 Oct 15 Jan 15 Year 2013

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 <u>1/1/13</u>	Through <u>3/31/13</u>	Calendar Year-to-Date
1 Cash on Hand, January 1, <u>2013</u>			<u>0</u>
2 Cash on Hand, Beginning of Reporting Period		<u>0</u>	
3 Monetary Receipts (+)		<u>0</u>	<u>0</u>
4 Subtotal		<u>0</u>	<u>0</u>
5 Monetary Expenditures (-)		<u>0</u>	<u>0</u>
6 Cash on Hand, Close of Reporting Period		<u>0</u>	<u>0</u>
NET FINANCIAL SUMMARY			
7 Cash on Hand, Close of Reporting Period			<u>0</u>
8 Debt owed to Committee (+)			<u>0</u>
9 Subtotal			<u>0</u>
10 Debt Owed by Committee (-)			<u>0</u>
11 Total (Net Worth)			<u>0</u>

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.

4/4/13
DATE

CHARLES A. LAMBIASE
PRINT NAME

SIGNATURE

720 E. MAIN ST (2D)
ADDRESS

856-235-6111
*(AREA CODE) DAY TELEPHONE NUMBER

MOONSTOWN, NJ 08057

856-235-6111
*(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)		
2a Currency Contributions (Schedule A)		
3 Total (Add lines 1, 2 and 2a)		
4 Refund of Excessive Contributions (Adjustment Schedule) (-)		
5 Subtotal (Subtract line 4 from line 3)		
Other Receipts		
6 Reimbursements/Refunds (Schedule A)		
7 Dividends/Interest (Schedule A)		
8 Loans Received by Committee, \$300 or Less		
9 Loans Received by Committee more than \$300 and all Currency Loans (Schedule B)		
10 Total Monetary Receipts (Add lines 5 through 9)		
11 In-kind Contributions, \$300 or less		
12 In-kind Contributions, more than \$300 (Schedule A)		
13 Gross Receipts (Add lines 10, 11 and 12)		
TABLE II EXPENDITURES		
14 Operating Disbursement (Schedule C)		
Contributions (from the Committee) to		
15a NJ Gubernatorial Candidates/Committees (Schedule D)		
15b NJ Legislative Candidates/Committees (Schedule D)		
15c All other Candidates/Committees (Schedule D)		
Expenditures Made on Behalf of		
16a NJ Gubernatorial Candidates/Committees (Schedule E)		
16b NJ Legislative Candidates/Committees (Schedule E)		
16c All other Candidates/Committees (Schedule E)		
17 Loan Payments (Schedule B)		
18 Total Monetary Expenditures (Add lines 14 through 17)		
19 In-kind contributions, \$300 or Less (Table I, Line 11)		
20 In-kind contributions, more than \$300 (Table I, Line 12)	0	0
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			
BANK ACCOUNT INFORMATION			
1 Name of Bank WELLS FARGO		(Area Code) Telephone Number 703-760-6878	
Mailing Address 1753 PINNACLE DRIVE			
City, State, Zip Code MCLEAN VA 22102			
Account Name RNC - SPECIAL ACCOUNT			
Opening Balance this Period 0	Deposits this Period 0	Disbursements this Period 0	Closing Balance this Period 0
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 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					
Account Name					
Contributor Name		State Use Only	Contributor Address (Number and Street)		
Occupation		State Use Only	City, State, Zip Code		
Employer Name			Date(s) Received this Period	Amount(s) Received this Period	
Employer Address					
City, State, Zip Code					
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, 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		State Use Only	Contributor Address (Number and Street)		
Occupation		State Use Only	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		State Use Only	Contributor Address (Number and Street)		
Occupation		State Use Only	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		State Use Only	Contributor Address (Number and Street)		
Occupation		State Use Only	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)					

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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				
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)			0	
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)				

ADJUSTMENT SCHEDULE - REFUND OF EXCESSIVE CONTRIBUTIONS

Page No _____ of _____

PLEASE TYPE OR PRINT PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.
Use a separate "ADJUSTMENT SCHEDULE" for each separate account

Committee Name _____

Account Name _____

IF A MONETARY CONTRIBUTION IN EXCESS OF THE CONTRIBUTION LIMIT IS DEPOSITED, PLEASE REPORT THE REFUND OF THE EXCESS AMOUNT ON THIS ADJUSTMENT SCHEDULE

Payment Date	Check No	Payee Name and Address	Refunded Amount

1. TOTAL REFUND OF EXCESSIVE CONTRIBUTIONS, THIS PERIOD (Complete this line on the last page used Carry forward to Page 2, Line 4, Column A)

0

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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				
Account Name				
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				
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)			0	

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 Gubernatorial Candidates/Committees New Jersey Legislative Candidates/Committees
 All Other Candidates/Committees

Committee Name

Account Name

Recipient Name and Address (Number and Street, City, State, Zip Code)	Election Date District or County or Municipality	Check		Amount of each Contribution
		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)

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

Account Name

Payee Name and Address (Number, Street, City, State and Zip Code)	Purpose	Amount(s) this Period		Transaction	Check
		Incurred/Not Paid	Disbursed	Date(s)	No(s)

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

Candidate/Committee Name	Election Date	District or County or Municipality	Pro-Rated Amount

Payee Name and Address (Number, Street, City, State and Zip Code)	Purpose	Amount(s) this Period		Transaction	Check
		Incurred/Not Paid	Disbursed	Date(s)	No(s)

ALLOCATION OF EXPENDITURES BENEFITING CANDIDATE(S)/COMMITTEE(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) | ① |

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				
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)			0	

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 _____

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)

0