



# NJ Republican ProLife Coalition

231 North Ave W, #341  
Westfield, NJ 07090  
[www.NJRPLC.org](http://www.NJRPLC.org)  
Tel: 570-768-5830

RECEIVED  
FEC MAIL CENTER

2009 JUN 17 A 9:54

Daniel F. Clark  
Chairman

Betty LaRosa  
Vice-Chairwoman

Faith Willis  
Treasurer

Mr. Quy Vuong  
Senior Campaign Finance Analyst  
Reports Analysis Division  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

June 16, 2009

RE: Letter dated May 22, 2009

Dear Mr. Vuong:

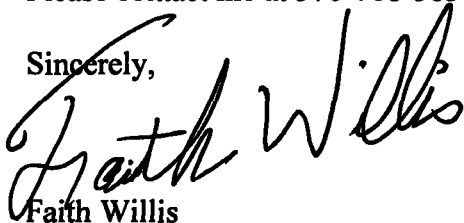
Please find enclosed and file accordingly:

1. A 48-Hour Notice for independent expenditures. The failure to timely file was inadvertent and unintentional. This was the first time our committee exceeded \$10,000.00 in independent expenditures for any election and we misunderstood the disclosure requirement to be for those independent expenditures occurring after the 20<sup>th</sup> day before the election. The independent expenditures totaling \$10,444.73 were reported on Schedule E of the October Quarterly report filed on October 9, 2008.
2. An Amended October Quarterly Report (7/1/2008-9/30/2008). The amended report provides the purpose of disbursement and the "support" designation for an independent expenditure which were inadvertently and unintentionally omitted.

Our committee's chairman is registered to attend the FEC Workshop on Reporting Requirements being held on July 8<sup>th</sup> in Washington, DC. We are planning to become an electronic filer after his attendance.

Please contact me at 570-768-5830 if additional information is needed.

Sincerely,



Faith Willis  
NJRPLC Treasurer

29030102242

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER

2008 JUN 17 11:54  
Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

NEW JERSEY REPUBLICAN PROLIFE COALITION

ADDRESS (number and street)

231 NORTH AVE W #341

Check if different  
than previously  
reported. (ACC)

WESTFIELD

NJ

07090

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00394700

3. IS THIS  
REPORT

☐

NEW  
(N)

OR

☒

AMENDED  
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15  
Quarterly Report (Q1)
- ☐ July 15  
Quarterly Report (Q2)
- ☒ October 15  
Quarterly Report (Q3)
- ☐ January 31  
Year-End Report (YE)
- ☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐

Nov 20 (M11)  
(Non-Election  
Year Only)

☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐

Dec 20 (M12)  
(Non-Election  
Year Only)

☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

in the  
State of

M M / D D / Y Y Y Y Y Y

(d) 30-Day  
POST-Election  
Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

in the  
State of

M M / D D / Y Y Y Y Y Y

5. Covering Period

07 / 01 / 2008

07 / 01 / 2008

07 / 01 / 2008

through

09 / 30 / 2008

09 / 30 / 2008

09 / 30 / 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

FAITH WILLIS

Signature of Treasurer

Faith Willis

Date

06 / 10 / 2008

06 / 10 / 2008

06 / 10 / 2008

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

FEC FORM 3X

Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

NEW JERSEY REPUBLICAN PROLIFE COMLITION

Report Covering the Period:

From:

07 / 01 / 2008

To:

09 / 30 / 2008

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2008		33710
(b) Cash on Hand at Beginning of Reporting Period.....	185295	
(c) Total Receipts (from Line 19) .....	868174	1550950
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1053469	1584660
7. Total Disbursements (from Line 31) .....	1044473	1575864
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	8996	8996
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	000	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	000	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

DETAILED SUMMARY PAGE  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

NEW JERSEY REPUBLICAN PROLIFE COALITION

Report Covering the Period:

From:

07 / 01 / 2008

To:

09 / 30 / 2008

I. Receipts

COLUMN A  
Total This Period

COLUMN B  
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other  
Than Political Committees

(i) Itemized (use Schedule A).....

(ii) Unitemized.....

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

(b) Political Party Committees.....

(c) Other Political Committees  
(such as PACs).....

(d) Total Contributions (add Lines  
11(a)(iii), (b), and (c)) (Carry  
Totals to Line 33, page 5).....▶

12. Transfers From Affiliated/Other  
Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures  
(Refunds, Rebates, etc.)  
(Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made  
to Federal Candidates and Other  
Political Committees.....

17. Other Federal Receipts  
(Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account  
(from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c)).....▶

20. Total Federal Receipts  
(subtract Line 18(c) from Line 19).....▶

8,681.74

8,681.74

8,681.74

8,681.74

8,681.74

15,509.50

15,509.50

15,509.50

15,509.50

15,509.50

## DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

## II. Disbursements

**COLUMN A**  
**Total This Period**

**COLUMN B**  
**Calendar Year-to-Date**

21. Operating Expenditures:
- (a) Allocated Federal/Non-Federal Activity (from Schedule H4)
- (i) Federal Share .....
- (ii) Non-Federal Share.....
- (b) Other Federal Operating Expenditures .....
- (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ..... ►
22. Transfers to Affiliated/Other Party Committees.....
23. Contributions to Federal Candidates/Committees and Other Political Committees.....
24. Independent Expenditures (use Schedule E) .....
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....
26. Loan Repayments Made.....
27. Loans Made.....
28. Refunds of Contributions To:
- (a) Individuals/Persons Other Than Political Committees .....
- (b) Political Party Committees .....
- (c) Other Political Committees (such as PACs).....
- (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ►
29. Other Disbursements .....
30. Federal Election Activity (2 U.S.C. §431(20))
- (a) Allocated Federal Election Activity (from Schedule H6)
- (i) Federal Share .....
- (ii) "Levin" Share.....
- (b) Federal Election Activity Paid Entirely With Federal Funds .....
- (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... ►
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... ►

[illegible]

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# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

## **III. Net Contributions/Operating Ex-** **penditures**

### **COLUMN A** **Total This Period**

### **COLUMN B** **Calendar Year-to-Date**

- 33. Total Contributions (other than loans)  
(from Line 11(d), page 3) .....
- 34. Total Contribution Refunds  
(from Line 28(d)) .....
- 35. Net Contributions (other than loans)  
(subtract Line 34 from Line 33) .....
- 36. Total Federal Operating Expenditures  
(add Line 21(a)(i) and Line 21(b)) .....▶
- 37. Offsets to Operating Expenditures  
(from Line 15, page 3).....▶
- 38. Net Operating Expenditures  
(subtract Line 37 from Line 36) .....▶

8,681.74
0.00
8,681.74
0.00
0.00
0.00

15,509.50
0.00
15,509.50
0.00
0.00
0.00

29030102247

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 1 OF 3  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>NEW JERSEY REPUBLICAN PROLIFE COALITION</b>		FEC IDENTIFICATION NUMBER <b>C00394700</b>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		

Full Name (Last, First, Middle Initial) of Payee <b>UNITED STATES POSTAL SERVICE</b>		Date <b>08/14/2008</b>
Mailing Address <b>475 LENOX PLAZA SW</b>		Amount <b>1681.68</b>
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20060</b>
Purpose of Expenditure <b>POSTAGE FOR MAILING</b>	Category/Type <b>004</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JOHN MCCAIN</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought <b>10,444.73</b>		

Full Name (Last, First, Middle Initial) of Payee <b>PDO PRINTING</b>		Date <b>07/08/2008</b>
Mailing Address <b>161 COOLIDGE AVE</b>		Amount <b>1500.00</b>
City <b>ENGLEWOOD</b>	State <b>NT</b>	Zip Code <b>07631</b>
Purpose of Expenditure <b>PRINTING</b>	Category/Type <b>004</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JOHN MCCAIN</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought <b>10,444.73</b>		

(a) SUBTOTAL of Itemized Independent Expenditures .....	<b>3,181.68</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

**Faith Wilho**  
 Signature

Date **06/10/2009**

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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 2 OF 2  
 FOR LINE 24 OF FORM 3X

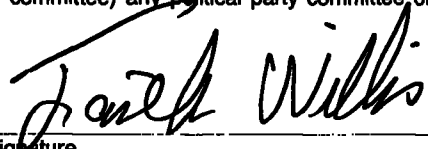
NAME OF COMMITTEE (In Full) <b>NEW JERSEY REPUBLICAN PROLIFE COALITION</b>	FEC IDENTIFICATION NUMBER ▼ <b>C00394700</b>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <b>DR. DON'S BUTTONS</b>			Date <b>07/30/2008</b>	
Mailing Address <b>3906 W. MORROW DR</b>			Amount <b>989.85</b>	
City <b>GLENDALE</b>	State <b>AZ</b>	Zip Code <b>85308</b>		
Purpose of Expenditure <b>BUTTONS AND STICKERS</b>		Category/Type <b>006</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JOHN MCCAIN</b>			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>10,444.73</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>STAPLES</b>			Date <b>08/11/2008</b>	
Mailing Address <b>500 STAPLES DR</b>			Amount <b>726.93</b>	
City <b>FRAMINGTON</b>	State <b>MA</b>	Zip Code <b>01702</b>		
Purpose of Expenditure <b>STATIONARY</b>		Category/Type <b>004</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JOHN MCCAIN</b>			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>10,444.73</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures .....	<b>1,716.78</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

  
 \_\_\_\_\_  
 Signature

Date **06/10/2009**

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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE **3** OF **3**  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>NEW JERSEY REPUBLICAN PROLIFE COALITION</b>	FEC IDENTIFICATION NUMBER ▼ <b>C00394700</b>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <b>CONQUEST COMMUNICATIONS</b>		Date <b>09/25/2008</b>
Mailing Address <b>2812 EMERYWOOD PKWAY #103</b>		Amount <b>5,546.27</b>
City <b>RICHMOND</b>	State <b>VA</b>	
Purpose of Expenditure <b>TELEPHONE CAMPAIGN</b>		Category/Type <b>004</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JOHN MCCAIN</b>		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>10,444.73</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		Amount
City	State	
Purpose of Expenditure		Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure:		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures ..... **5,546.27**

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures ..... **10,444.73**

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Heath Wilkins*  
 Signature

Date **06/10/2009**

29030102250

Federal Election Commission  
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS  
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>ups</i>	Shipping Date <i>6/16/09</i>
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>Jed</i> PREPARER	<i>6/17/09</i> DATE PREPARED

(3/2005)

29030102251