| | FORM R-1 REPORT OF CONTRIBUTIONS AND EXPENDITURES REPORT (CHECK ONE): 29 - DAY PRE-ELECTION | | | | | | | |
|---------|---|--|--|------------------------------------|---------|----------------------------------|--------------------------|--|
| الم | (609) 29 | P.O. Box 185, Tre 292-8700 or Toll Free V Web site: http://v | W ENFORCEMENT Control of the control | COMMISSION | | 11 - DAY PR | RE-ELECTION OST-ELECTION | |
| L | Jen & | s . | Council 20 | o 11 | | Oct. 15, <u>2012</u> Jan. 15, | | |
| | 1320 St | Raula 71 11 | | | - | Amendment Yes | s No 🗹 | |
| Cı | Belmar STATE ZIP CODE 07719 | | | | For Sta | ate Use Only | | |
| | Monmou | v+h | ELECTION DISTRICT | | Ÿ | 1 | | |
| | OLITICAL PARTY, Democro | atic | OFFICE SOUGHT | | | | _ | |
| EL L | LECTION DATE | ELECTION TYPE (CHECK ONE) | GENERAL | MUNICIPAL RUN-OFF | | SCHOOL FIRE DISTRICT | SPECIAL | |
| SI | UMMARY TABL | .ES DO NOT ATTEM APPROPRIATE | MPT TO COMPLETE TAI SCHEDULES HAVE BE | BLES I AND II UNT EEN COMPLETED | ΓIL | | | |
| T/ | ABLE I. RECEIP | 'TS | | _ | | THIS REPORT | CUMULATIVE TO DATE | |
| | | ONTRIBUTIONS OF \$3 | | | \$ | 0 | \$ 2975 | |
| | CONTRIBUTION | NS [Schedule A] | (CESS OF \$300 AND AL | L CURRENCY | \$ | 0 | \$ 1690 | |
| | . IN-KIND CONTR | RIBUTIONS OF \$300 C | | | \$ | 0 | \$ 0 | |
| | | | SS OF \$300 [Schedule B] | - | \$ | 0 | \$ 1356 | |
| 5. | . LOANS RECEIVE [Schedule C] | ED IN EXCESS OF \$3 | 300 AND ALL CURRENC | CY LOANS | \$ | 0 | \$ 0 | |
| 6. | SUB TOTAL | | (ADD) | LINES 1 THRU 5) | \$ | 0 | \$ 6015 | |
| 7. | REFUND OF EX | CESSIVE CONTRIBU | JTIONS [Adjustment Sch | nedule} (-) | \$ | 0 | \$ 450 | |
| 8. | . TOTAL CONTRIE | BUTIONS | | | \$ | 0 | \$ 5565 | |
| | | ANSFERRED FROM F | | | _ | ଚ | \$ 0 | |
| _ | TOTAL RECEIPT | · | (ADD | LINE 8 + LINE 9) | \$ | 0 | \$ 5565 | |
| | TABLE II. EXPENDITURES | | | | | | | |
| | | | PENSES [Schedule 1(D)] | 1 | \$ | 0 | \$ 3667.50 | |
| | | ITS - OTHER [Schedule ITS - CONTRIBUTIONS | · · · = | İ | \$ | 0 | \$ 0 | |
| | CANDIDATES/CO | ITS - CONTRIBUTIONS COMMITTEES [Schedul | ule 3(D)] | 1 | \$ | 47.50 | \$. 997,50 | |
| 4. | 4. CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)] | | | | \$ | | \$ | |
| | | | OR LESS (TABLE I, LINE | - | \$ | : | \$ O | |
| 6. | IN-KIND CONTR | IBUTIONS IN EXCES | SS OF \$300 (TABLE I, LII | NE 4) | \$ | 0 | \$ 0 | |
| 7. | SUB TOTAL | | (ADD L | -INES 1 THRU 6) | \$ | | \$ 4665,00 | |
| 8. | REFUNDED DISF | BURSEMENTS [Sched | dule F] | ં . (ન્) _[(| \$ | | \$ 0 | |
| 9. | TOTAL EXPEND | ITURES | (LINE 7 | 7 MiNUS LINE 8) | \$ | | \$ 4665,00 | |

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

| CONTRIBUTOR NAME | EMPLOYER NAME | |
|--|------------------|--------------------------------------|
| | LIVIPLOTER NAME | |
| CONTRIBUTOR ADDRESS | EMPLOYER ADDRES | s |
| CHECK IF AGGREGATE AMOUNT | DATE(S) RECEIVED | AMOUNT(S) RECEIVED THIS PERIO |
| OCCUPATION | 1 | \$ |
| CONTRIBUTOR NAME | EMPLOYER NAME | |
| CONTRIBUTOR ADDRESS | EMPLOYER ADDRESS | 3 |
| | | |
| CHECK IF AGGREGATE AMOUNT CURRENCY \$ | DATE(S) RECEIVED | AMOUNT(S) RECEIVED THIS PERIOR \$ |
| CONTRIBUTOR NAME | EMPLOYER NAME | |
| CONTRIBUTOR ADDRESS | EMPLOYER ADDRESS | |
| | | |
| CHECK IF AGGREGATE AMOUNT CURRENCY \$ | DATE(S) RECEIVED | AMOUNT(S) RECEIVED THIS PERIOD \$ |
| CONTRIBUTOR NAME | EMPLOYER NAME | |
| CONTRIBUTOR ADDRESS | EMPLOYER ADDRESS | |
| CHECK IF AGGREGATE AMOUNT | | |
| CURRENCY S | DATE(S) RECEIVED | AMOUNT(S) RECEIVED THIS PERIOD \$ |
| CONTRIBUTOR NAME | EMPLOYER N ME | |
| CONTRIBUTOR ADDRESS | EMPLOYER ADDRESS | |
| | | |
| CHECK IF AGGREGATE AMOUNT I CURRENCY \$ | DATE(S) RECEIVED | AMOUNT(S) RECEIVED THIS PERIOD \$ |
| (COMPLETE THIS LINE FOR EVERY PAGE USED) TOTA | AL, THIS PAGE | \$ 0 |
| (COMPLETE THIS LINE FOR LAST PAGE USED) GRA | ND TOTAL | \$ O |
| W. Jersey Election I aw Enforcement Commission | | |

SCHEDULE B In-Kind Contributions in Excess of \$300

| CONTRIBUTOR NAME | | EMPLOYER NAME | | | |
|---------------------------------------|------------------------|----------------------|---|--|--|
| CONTRIBUTOR ADDRESS | | EMPLOYER ADDRES | SS | | |
| | AGGREGATE AMOUN | IT DATE(S) RF SEIVED | AMOUNT(S) RECEIVED THIS PERIO | | |
| OCCUPATION | \$ | - | \$ | | |
| DESCRIPTION OF IN-KIND CON | TRIBUTION(S) | | | | |
| CONTRIBUTOR NAME | | EMPLOYER NAME | | | |
| CONTRIBUTOR ADDRESS | | EMPLOYER ADDRESS | S | | |
| | AGGREGATE AMOUNT | T DATE(S) RECEIVED | AND DECEMENT THE DEDIC | | |
| OCCUPATION | \$ | DATE(S) RECEIVED | AMOUNT(S) RECEIVED THIS PERIOD \$ | | |
| DESCRIPTION OF IN-KIND CONT | RIBUTION(S) | | | | |
| CONTRIBUTOR NAME | | EMPLOYER NAME | | | |
| CONTRIBUTOR ADDRESS | | EMPLOYER DDRESS | } | | |
| · · · · · · · · · · · · · · · · · · · | AGGREGATE AMOUNT | DATE(O) RECEIVED | | | |
| OCCUPATION | \$ | DATE(5) RECEIVED | AMOUNT(S) RECEIVED THIS PERIOD \$ | | |
| DESCRIPTION OF IN-KIND CONTI | RIBUTION(S) | | | | |
| CONTRIBUTOR NAME | | EMPLOYER NAME | | | |
| CONTRIBUTOR ADDRESS | | EMPLOYER ADDRESS | ; · · · · · · · · · · · · · · · · · · · | | |
| | TAGODECATE AMOUNT | | | | |
| OCCUPATION | AGGREGATE AMOUNT \$ | | AMOUNT(S) RECEIVED THIS PERIOD \$ | | |
| DESCRIPTION OF IN-KIND CONTR | RIBUTION(S) | | | | |
| (COMPLETE THIS LINE FOR EVE | RY PAGE USED) TOT | TAL, THIS PAGE | \$ O | | |
| (COMPLETE THIS LINE FOR LAS | T PAGE USED) GRA | AND TOTAL | \$ O | | |

SCHEDULE C Loans Received in Excess of \$300 and All Currency Loans

| LENDER NAME | | EMPLOYER NAM | 15 | |
|-----------------------------------|------------------|--|----------------------|--------------|
| | | EIVIFLO I EIV INAIVI | lE | |
| LENDER ADDRESS | | EMPLOYER ADD | RESS | |
| | | | | |
| | | | | |
| OCCUPATION | | | | |
| | | | | : |
| CO-SIGNER NAME | | EMPLOYER NAME | E | शास्त्र कर : |
| CO-SIGNER ADDRESS | | EMPLOYED ADDI | | |
| | | EMPLOYER ADDR | KESS | |
| | | | | |
| | | | | |
| OCCUPATION | | (| EIVED THIS PERIOD | |
| DATE(S) RECEIVED | AGGREGATE AMO | \$ DINT | T | |
| | | JUNI | CHECK IF CURRENCY | |
| LENDER NAME | \$ | EMPLOYER NAME | <u> </u> | |
| | • | EINILEO I EIV IAVIAITE | | |
| LENDER ADDRESS | | EMPLOYER ADDR | ESS | |
| | | | | |
| | | | | |
| OCCUPATION | | <u> </u> | | |
| | | | • | |
| CO-SIGNER NAME | | EMPLOYER N/ME | | |
| CO-SIGNER ADDRESS | | | · | |
| 20-9IGINEK ADDKE99 | | EMPLOYER ADDRESS | | |
| | | | | |
| | | | • | |
| OCCUPATION | | AMOUNT(S) RECEIV | VED THIS PERIOD | - |
| 24TEVA 250TW | | \$ | | |
| PATE(S) RECEIVED | AGGREGATE AMOL | JNT | CHECK IF | |
| | \$ | | CURRENCY | |
| | | | , | |
| TOTAL AMOUNT OF LOANS RECEIVED TH | IIS REPORT PERIO | D | め | } |
| | | \$ | ľ | |

ADJUSTMENT SCHEDULE

ourie voe eeu <u>militêrê yekka</u>la we elî Normani ee ee el lee

Refund of Excessive Contributions

| PAYMENT DATE | CHECK NO. | Р | AYEE NAME AND ADI | DRESS | REFUNDED AMOUNT |
|------------------|-------------------|----------|-------------------|-----------|-----------------|
| | | | | | \$ |
| | | | | | |
|]. - | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| (COMPLETE THIS | LINE FOR EVERY PA | GE USED) | TOTAL, THIS PAGE | \$ | 0 |
| (COMPLETE THIS I | LINE FOR LAST PAG | E USED) | GRAND TOTAL | <u>\$</u> | 0 |

SCHEDULE 1(D) - DISBURSEMENTS Campaign Expenses

| CHECK NO. | PAYEE NAME AND ADDRESS | PURPOSE | FULL AMOUNT | PRO-RATA AMOUNT THIS REPORTING ENTITY | PRO-RATA AMOUNT OTHERS |
|--------------|--|------------------|-------------|--|------------------------------|
| <u> </u> | | | 49 | €7 | <i>₩</i> |
| | | | | | |
| | | | | · . | |
| | | | | | |
| | | | | | |
| | - | | | · | |
| | | | | | |
| | | | | | , |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | , | |
| . = | (COMPLETE THIS LINE FOR EVERY PAGE USED) | TOTAL, THIS PAGE | 0 | 69 | ₩ |
| | (COMPLETE THIS LINE FOR LAST PAGE USED) | GRAND TOTAL | 0 | \\$ | ₩ |
| | Motu formatic Election 1 - 1 - 1 - 1 - 1 - 1 - 1 | | | | |
| ₹ | SSION | 45 | | | |

er i MV Himmin

FORM R-1 Revised 01/2011

SCHEDULE 2(D) - DISBURSEMENTS Other

| | | - | | |
|--|---|--|---------------|---|
| PRO-RATA AMOUNT OTHERS | € | € | € | |
| PRO-RATA AMOUNT THIS REPORTING ENTITY | ₩ | ₩. | ⇔ | |
| FULL AMOUNT | ₩ | 0 | 0 | ! |
| PURPOSE | | TOTAL, THIS PAGE | GRAND TOTAL | |
| PAYEE NAME AND ADDRESS | | (COMPLETE THIS LINE FOR EVERY PAGE USED) | | |
| CHECK NO. | | S LINE FOR E | S LINE FOR L | |
| PAYMENT | | (COMPLETE TH | (COMPLETE THE | |

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

| AMOUNT | \$ 47.50 | \$ 47.50 | 1.\$ 47.50 | 2. \$ O | 3. \$ 47.50 |
|-------------------------------|---|--|---|--|---|
| ADDRESS | 1320 St. Roate 71, Unit 107 Belwar, NJ 07719 | TOTAL, THIS PAGE | | € | Ø |
| RECIPIENT CANDIDATE/COMMITTEE | Belmar Devrocratic Committee | SE USED) | COMPLETE THE FOLLOWING LINES FOR LAST PAGE USED: SCHEDULE 3(D) GRAN: TOTAL | ADD THE "PRO - RATA MMOUNT OTHERS" COLUMN FROM SCHEDULES 1(D) AND 2(D) | GRAND TOTAL OF CONTRIBUTIONS MADE TO AND ON BEHALF OF CANDIDATES/COMMITTEES |
| CHECK NO. | | NE FOR EVERY PAG | OLLOWING LINES FO | NTA NMOUNT OTHEI | CONTRIBUTIONS M |
| PAYMENT DATE | 6/7/2012 | (COMPLETE THIS LINE FOR EVERY PAGE USED) | COMPLETE THE FOLLOWING L | , ADD THE "PRO - RA | GRAND TOTAL OF |

FORM R-1 Revised 01/2011

New Jersey Election Law Enforcement Commission

SCHEDULE E

Outstanding Obligations

| Date Incurred | Creditor's Name | Address | Description | Amount | |
|---------------|-------------------------------------|---------|-------------|--------|--|
| · | | | | \$ | |
| | | | | | |
| | | | | , | |
| | | | | | |
| | į | | | | |
| | | | | | |
| , | TOTAL OUTSTANDING OBLIGATIONS | | | | |

SCHEDULE F

Refunded Disbursements

| Date | Full Name | Address | Description | Amount |
|------|-----------|---------|------------------|--------------|
| | | | | \$ |
| | | | · | |
| | | | | |
| | | | | |
| | | | | _ |
| | | , | ţ | |
| | , | | | |
| | | | SCHEDULE F TOTAL | \$ \$ |

SCHEDULE G Recipients of In-Kind Contributions

or and that have been a Wisk Assumed to be

| NAME OF RECIPIENT CANDID | DATE/COMMITTEE | | |
|---------------------------|-----------------------------|--|-------------|
| MAILING ADDRESS | | | |
| OFFICE SOUGHT | ELECTION DISTRICT OR MI | JNIC PALITY | |
| OUTOX NUMBER | | · | |
| CHECK NUMBER | PAYMENT DATE | AMOUNT \$ | |
| NAME OF RECIPIENT CANDID | ATE/COMMITTEE | | |
| MAILING ADDRESS | | | |
| | | | |
| OFFICE SOUGHT | ELECTION DISTRICT OR MU | NICIPALITY | |
| CHECK NUMBER | PAYMENT DATE | AMOUNT | |
| NAME OF RECIPIENT CANDID | ATE/COMMITTEE | \$ | · ——— |
| LIVE APPRECA | | | _ |
| MAILING ADDRESS | | | _ |
| OFFICE SOUGHT | ELECTION DISTRICT OR MU | NIC PALITY | |
| CHECK NUMBER | PAYMENT DATE | LANGUND | |
| · | | \$ | |
| NAME OF RECIPIENT CANDIDA | TE/COMMITTEE | | |
| MAILING ADDRESS | | | |
| OFFICE SOUGHT | ICI ECTION DISTRICT OR MILI | ************************************** | |
| OFFICE GOOGITI | ELECTION DISTRICT OR MUI | IICIPALITY | _ |
| CHECK NUMBER | PAYMENT DATE | AMOUNT | <u>.</u> |
| NAME OF RECIPIENT CANDIDA | TE/COMMITTEE | \$ | |
| | | | |
| MAILING ADDRESS | | | |
| OFFICE SOUGHT | ELECTION DISTRICT OR MUN | IIC: ALITY | |
| OUTOUS NUMBER | | | |
| CHECK NUMBER | PAYMENT DATE | AMOUNT | |
| | | \$ | |

| STATE | MENT OF CAMPAIGN DEPOSITORY | AND CAMPAIGN | TREASURER |
|---|---|--|---------------------------------------|
| Opening Balance, th | is report f last report, or, if this is the first report filed by this | · · · · · · · · · · · · · · · · · · · | s 47.50 |
| Funds Transferred fr | om Prior Campaign | | s Ø |
| Deposits (Include inter | rest) | | \$ |
| Disbursements (inclu | de bank charges) | • | \$ 47.50 |
| Closing Balance, this | s Report | | s |
| 611 Mai. | Federal Savings POSITORY 1 St., Belman, NJ 0771 ADDRESS OF BANK OR DEF | 9 | NAME OF ACCOUNT |
| NAME OF TREASURER | ruroko | (132 |) 804–9186 TELEPHONE NUMBER (DAY) |
| 1320 St | Rt. 71, Unit 107, Belman, ADDRESS OF TREASU | NJ 07719 | ELEPHONE NUMBER (DAY) |
| | CERTIFICATIO | | |
| I certify that the statemed designated by law. I am a | ents on this document are true, and that the consumer that if any of the statements are willfully false | ntribution amounts receiv | ved conform with the limitation |
| 10/15/12- IDATE | PRINT FULL NAME (CANDIDATE) | Du | REVCANDIDATE |
| | | | |
| DATE | PRINT FULL NAME (CANDIDATE) | SIGNATUR | RE (CANDIDATE) |
| DATE | PRINT FULL NAME (CANDIDATE) | SIGNATUF | RE/(CANDIDATE) |
| 10/12/12 | Luis B. Pulido | LB6 | hole- |
| DATE | PRINT FULL NAME (TREASURER) | SIGNATUR | EKEE WURER) |
| Treasurers for Gubernator Enforcement Commission | rial and Legislative candidates are required to rece . Check here if you have completed the training | ive training with the New and enter your Treasure | Jersey Election Law r Training ID# |
| | DECLARATION OF FINA | L RI PORT | |
| anat an ining entitles contin | gn applicable Declaration below as well as Certificature to file reports with the Commission until all cam | paign business is wound | up and the fund is dissolved. |
| l certify that all contributions or other obligation | utions or other monies received by this election fur ons, and that the election fund has wound up its bu | nd have been disbursed, to siness and has been diss | hat there are no outstanding olved. |
| 10/15/12 DATE | PRINT FULL NAME (CANDIDATE) | SIGNATUR | Calous . |
| DATE | PRINT FULL NAME (CANDIDATE) | SIGNATUR | E (CANDIDATE) |
| DATE 10/12/12 | PRINT FULL NAME (CANDIDATE) Luis B. Ruido PRINT FULL NAME (TRACUETO) | SIGNATUR | (CANDIDATE) |
| | PRINT FULL NAME (TREASURER) | SIGNATURE | (IPC SURER) |

New Jersey Election Law Enforcement Commission
FORM R-1 Revised 01/2011
*Leave this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 47:1A-1.1, an unlisted telephone number is not a public record and must not be provided on this form.