FORM R-1		OF CONTRIBUTIONS AND EXPENDITURES	REPORT (CHE	CK ONE): PRE-ELECTION
NEW JERSE	Y ELECTION LAW	ENFORCEMENT COMMISSION		PRE-ELECTION
(609) 293	P.O. Box 185, Trem 2-8700 or Toll Free Wit www.elec.	Apr. 15,_		
CANDIDATE OR COI		Oct. 15,	3015	
STREET ADDRESS	- /	algo	Jan. 15,_	
CITY		TATE ZIP CODE	Amendment \	
Belmov		N7 07719	For	State Use Only
COUNTY Minm		LECTION DISTRICT OR MUNICIPALITY	Y	
POLITICAL PARTY, I	_	FFICE SOUGHT	-	
ELECTION DATE	ELECTION TYPE (CHECK ONE)	PRIMARY MAY MUNIC		OL SPECIAL DISTRICT
SUMMARY TABLE	S DO NOT ATTEMP APPROPRIATE SO	T TO COMPLETE TABLES I AND II UNT CHEDULES HAVE BEEN COMPLETED	TIL.	
TABLE I. RECEIPT	s		THIS REPORT	CUMULATIVE TO
	TRIBUTIONS / LOANS		\$ 0	\$ 255°
CONTRIBUTIONS	S [Schedule A]	ESS OF \$300 AND ALL CURRENCY	8 0	\$ 500
3. IN-KIND CONTRIB	BUTIONS OF \$300 OF	LESS	8 0	\$ 0
4. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]			s 0	s G
LOANS RECEIVE [Schedule C]	D IN EXCESS OF \$30	AND ALL CURRENCY LOANS	\$ 0	s o
6. SUB TOTAL		(ADD LINES 1 THRU 5)	s O	3 050
7. REFUND OF CON	TRIBUTIONS [Adjustn	nent Schedule] (-)	\$ 0	s o
8. TOTAL CONTRIB	UTIONS		\$ 0	\$ 3050
9. ADD FUNDS TRAI	NSFERRED FROM PE	RIOR CAMPAIGN (+)	\$ O	s 5
10. TOTAL RECEIPTS	3	(ADD LINE 8 + LINE 9)		\$ 30.00
TABLE II. EXPEND	ITURES			3050
	S - CAMPAIGN EXPE		\$ 0	\$ 4094.84
	S - OTHER [Schedule		\$ 0	\$ 222
CANDIDATES/CO	S - CONTRIBUTIONS MMITTEES [Schedule	\$ 6	\$ 6	
CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)]			s 0	\$
5. IN-KIND CONTRIE	BUTIONS OF \$300 OF	LESS (TABLE I, LINE 3)	\$ 0	s 6
6. IN-KIND CONTRIE	BUTIONS IN EXCESS	OF \$300 (TABLE I, LINE 4)	\$ 0	s o
7. SUB TOTAL		(ADD LINES 1 THRU 6)		\$ 42.94.84
8. REFUNDED DISB	URSEMENTS (Schedu	le F] (-)		\$ 0
9. TOTAL EXPENDI	TURES	(LINE 7 MINUS LINE 8)		\$ 11294.84

STATE	MENT OF CAMPAIGN DEPOSITORY AND CAM	IPAIGN TREASURER
Opening Balance, the (Insert closing balance of insert zero.)	is report f last report, or, if this is the first report filed by this entity for this e	election, s 1921.09
Funds Transferred fr	om Prior Campaign	s Ø
Deposits (Include inter	rest)	s 1,000
Disbursements (Inclu	de bank charges)	\$ 2,000
Closing Balance, this	s Report	s 921.09
Investor S	A. L. C.	
NAME OF BANK OR DI	QU: MS EPOSITORY	
F EN OIP	ADDRESS OF BANK OR DEPOSITORY	NAME OF ACCOUNT
NAME OF TREASURE		*TELEPHONE NUMBER (DAY)
146 North	Auc Frinced NO Orozz	
	ADDRESS OF TREASURER	
DATE DATE DATE DATE DATE DATE DATE Treasurers for Gubernate	Maureen Doherty Me	SIGNATURE (GANDIDATE) SIGNATURE (CANDIDATE) SIGNATURE (CANDIDATE) SIGNATURE (TREASURER)
	DECLARATION OF FINAL REPORT	Т
That all filing entities cont	sign applicable Declaration below as well as Certification above. On inue to file reports with the Commission until all campaign busines butions or other monies received by this election fund have been butions, and that the election fund has wound up its business and has	ss is wound up and the fund is 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)

New Jersey Election Law Enforcement Commission

11

FORM R-1 Revised 03/07/2013

Leave this field blank if your takenhorse 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.

SCHEDULE G Recipients of In-Kind Contributions

NAME OF RECIDIENT CANDIDATE	12.01 H 117.75.55		
NAME OF RECIPIENT CANDIDATE	COMMITTEE		
MAILING ADDRESS			
\			
OFFICE SOUGHT	ELECTION DISTRICT OR MIL	INICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT	
		\$	
NAME OF RECIPIENT CANDIDATE	COMMITTEE		
MAILING ADDRESS			
OFFICE SOUGHT	ELECTION DISTRICT OR MU	NICIPALITY	
	N.		
CHECK NUMBER	PAYMENT DATE	AMOUNT	
WALLE OF BEGINNING		S	
NAME OF RECIPIENT CANDIDATE	COMMITTEE		
MAILING ADDRESS			
OFFICE SOUGHT	ELECTION DISTRICT OR MU	NICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT	
		s	
NAME OF RECIPIENT CANDIDATE	COMMITTEE		
MAILING ADDRESS			
OFFICE SOUGHT	ELECTION DISTRICT OR MU	NICIPALITY	
CHECK NUMBER			
CHECK NUMBER	PAYMENT DATE	AMOUNT	
NAME OF RECIPIENT CANDIDATE		S	
NAME OF RECIPIENT CANDIDATE	COMMITTEE		
MAILING ADDRESS			S
MALING ADDRESS			
OFFICE SOUGHT	ELECTION DISTRICT OR MU	NICIPALITY	
			7
CHECK NUMBER	PAYMENT DATE	AMOUNT	
	1380, 3000 S 400 C 200 C 200 S	s	
			and the property of

Outstanding Obligations

19	JATOT ĐNIGNATSTUO SNOITAĐIJBO			
S				
InnomA	Description	SearbbA	Creditor's Name	(s)ateO

SCHEDNIE E

Refunded Disbursements

s	SCHEDULE F TOTAL				
1					
\$					
truomA	Description	asenbbA	Full Name	Check #	(s)eteC

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

PAYMENT DATE	CHECK NO.	RECIPIENT CANDIDATE/COMMITTEE	ADDRESS	AMOUNT
				• • • • • • • • • • • • • • • • • • •
(COMPLETE THIS LINE FOR EVERY PAGE USED)	FOR EVERY PAG	E USED)	TOTAL, THIS PAGE	69
COMPLETE THE FOLLOWING LINES FOR LAST PAGE USED: SCHEDULE 3(D) GRAND TOTAL	OWING LINES FO	R LAST PAGE USED:		on and
ADD THE PRO-RATA	AMOUNT OTHER	ADD THE PRO - RATA AMOUNT OTHERS' COLUMN FROM SCHEDULES 1(D) AND 2(D)	(+)	2. \$
GRAND TOTAL OF CO	NTRIBUTIONS MA	GRAND TOTAL OF CONTRIBUTIONS MADE TO AND ON BEHALF OF CANDIDATES/COMMITTEES		S.

New Jersey Election Law Enforcement Commission

SCHEDULE 2(D) - DISBURSEMENTS Other

(COMPLETE TH	(COMPLETE TH		PAYMENT DATE
IS LINE FOR	IS LINE FOR		CHECK NO.
(COMPLETE THIS LINE FOR LAST PAGE USED)	(COMPLETE THIS LINE FOR EVERY PAGE USED)		PAYEE NAME AND ADDRESS
GRAND TOTAL	TOTAL, THIS PAGE		PURPOSE
0	0 40	60	FULL AMOUNT
•	en en	to	PRO-RATA AMOUNT THIS REPORTING ENTITY
6	en en	•	PRO-RATA AMOUNT OTHERS

FORM R-1 Revised 03/07/2013

SCHEDULE 1(D) - DISBURSEMENTS Campaign Expenses

(COMPLETE TH		211/2	PAYMENT
IIS LINE FOR		JO NO	CHECK NO.
(COMPLETE THIS LINE FOR LAST PAGE USED)		hetto Su sylvation St. 173 - 1844 or 1	PAYEE NAME AND ADDRESS
GRAND TOTAL S	n	Printing Signs	PURPOSE
2,000		2000	FULL AMOUNT
\$ 2,000 \$	3	2,000	PRO-RATA AMOUNT THIS REPORTING ENTITY
69	n e e e e e e e e e e e e e e e e e e e	% 60	PRO-RATA AMOUNT OTHERS

New Jersey Bestion Law Enforcement Continues to

ADJUSTMENT SCHEDULE

Refund of Contributions

			s
COMPLETE THIS LII	NE FOR EVERY PAGE U	SED) TOTAL, THIS PAGE	\$

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

LENDER NAME		EMPLOYER N	AME	
LENDER ADDRESS		EMPLOYER A	DDD	cee
		EMPEOTERA	DUNE	
OCCUPATION				
CO-SIGNER NAME		EMPLOYER N	AME	
CO-SIGNER ADDRESS		EMPLOYER A	DDRE	ESS
OCCUPATION		AMOUNT(S) RECEIVED THIS PERIOD \$		
DATE(S) RECEIVED AGGREGATE AMO		UNT		CHECK IF CURRENCY
LENDER NAME	1	EMPLOYER N	AME	
LENDER ADDRESS		EMPLOYER ADDRESS		
		/		
OCCUPATION			1	
CO-SIGNER NAME		EMPLOYER NAME		
CO-SIGNER ADDRESS		EMPLOYER ADDRESS		
OCCUPATION	AMOUNT(S) RECEIVED THIS PERIOD \$			
DATE(S) RECEIVED	AGGREGATE AMO	UNT		CHECK IF CURRENCY
TOTAL AMOUNT OF LOANS RECEIVED T	HIS REPORT PERIO	D	s	

SCHEDULE B

In-Kind Contributions in Excess of \$300

EMPLOYER NAME			
EMPLOYER ADDRESS			
DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD		
- John E(O) NEOEWED	\$		
EMPLOYER NAME			
EMPLOYER ADDRES	s		
DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD S		
EMPLOYER NAME			
EMPLOYER ADDRES	ss		
DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$		
EMPLOYER NAME	EMPLOYER NAME		
EMPLOYER ADDRESS			
T DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD		
1			
OTAL, THIS PAGE	\$		
DANIE TOTAL	\$		
	EMPLOYER ADDRES T DATE(S) RECEIVED T DATE(S) RECEIVED EMPLOYER NAME EMPLOYER ADDRES T DATE(S) RECEIVED T DATE(S) RECEIVED		

SCHEDULE A

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

CONTRIBUTOR NAME	EMPLOYER NAME		
Thomas Dubicha			
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS		
11 Thomas St.			
South River NJ 08882			
CHECK IF AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD	
OCCUPATION retired	6/11/15	1,000	
CONTRIBUTOR NAME	EMPLOYER NAME		
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS		
CHECK IF CURRENCY S AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$	
OCCUPATION			
CONTRIBUTOR NAME	EMPLOYER NAME		
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS		
CHECK IF CURRENCY S AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD S	
OCCUPATION			
CONTRIBUTOR NAME	EMPLOYER NAME		
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS		
CHECK IF AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD	
OCCUPATION S		s	
CONTRIBUTOR NAME	EMPLOYER NAME		
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS		
CURRENCY U \$	T DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$	
OCCUPATION			
(COMPLETE THIS LINE FOR EVERY PAGE USED)	OTAL, THIS PAGE	\$ 1,000	
(COMPLETE THIS LINE FOR LAST PAGE USED)	RAND TOTAL	\$ 1000	

FORM R-1	FORM R-1 REPORT OF CONTRIBUTIONS AND EXPENDITURES					REPORT (CHECK ONE): 29 - DAY PRE-ELECTION		
	P.O. Box 185, To 92-8700 or Toll Free WWW.ea	11 - DAY PRE-ELECTION 20 - DAY POST-ELECTION Apr. 15,						
	Doherty a	and Br	nnan		Oct. 15,			
STREET ADDRESS		rau			Amendment Ye	≫ No N		
Belma		STATE	ZIP CODE			ate Use Only		
COUNTY		ELECTION	DISTRICT OR MUNICIPALIT	Υ				
POLITICAL PARTY,	IF ANY	OFFICE SO			1			
HUM/IM	(CHECK ONE)	- Territoria	IMARY MAY MUNICIPAL RUN-OFF	CIPA	the second secon	OL SPECIAL ISTRICT		
SUMMARY TABL	ES DO NOT ATTE APPROPRIATE	MPT TO COM SCHEDULE	PLETE TABLES I AND II UN S HAVE BEEN COMPLETED	TIL				
TABLE I. RECEIP				Т	THIS REPORT	CUMULATIVE TO		
	NTRIBUTIONS / LO			s	O	\$ 5700		
MONETARY CO CONTRIBUTION	NTRIBUTIONS IN E IS [Schedule A]	XCESS OF \$3	00 AND ALL CURRENCY	\$	1,000	\$ 6350		
	BUTIONS OF \$300	OR LESS		s	0	\$ 0		
4. IN-KIND CONTR	IBUTIONS IN EXCE	SS OF \$300 [Schedule B]	s	0	s 0		
5. LOANS RECEIVE [Schedule C]	ED IN EXCESS OF S	300 AND ALL	CURRENCY LOANS	\$	0	s o		
6. SUB TOTAL			(ADD LINES 1 THRU 5)	ş	1.000	12,050		
7. REFUND OF CO	NTRIBUTIONS [Adjo	ustment Scheo	tule] (-)	s	0	s 0		
8. TOTAL CONTRI	BUTIONS			s	0	\$ 12,050		
9. ADD FUNDS TRA	ANSFERRED FROM	PRIOR CAM	PAIGN (+)	s	0	\$ 10,424.10		
10. TOTAL RECEIPT	rs		(ADD LINE 8 + LINE 9)	s	1300	\$ 22,424.10		
TABLE II. EXPEN	DITURES			_	1,000	221964110		
1. DISBURSEMEN	TS - CAMPAIGN EX	PENSES (Sch	nedule 1(D)]	\$	2,000	\$ 18, 053.01		
2. DISBURSEMENTS - OTHER [Schedule 2(D)]					0	\$ 0		
DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]					0	\$ 3500		
CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)]					ō	\$		
5. IN-KIND CONTRIBUTIONS OF \$300 OR LESS (TABLE I, LINE 3)					0	s 0		
6. IN-KIND CONTR	RIBUTIONS IN EXCE	SS OF \$300 (TABLE I, LINE 4)	\$	D	s 0		
7. SUB TOTAL			(ADD LINES 1 THRU 6)	s	3,000	\$ 21.53301		
8. REFUNDED DIS	BURSEMENTS (Sch	redule F]	(-)		0	\$ 0		
9. TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)					1 000	\$ 21 02 01		

STATEM	ENT OF CAMPAIGN DEPOSITORY A	ND CAMPAIGN T	REASURER
Opening Balance, this (Insert closing balance of la insert zero.)	report ast report, or, if this is the first report filed by this enti	ity for this election,	s 255,16
Funds Transferred fro	m Prior Campaign		<u>s</u> O
Deposits (Include interes	st)		\$ 0
Disbursements (Include	e bank charges)		s 0
Closing Balance, this	Report		s 255116
Investoo	Savins	Doherty	b Mayor
NAME OF BANK OR DEF	idhuay 34 Manazaya-		NAME OF ACCOUNT
May ree	ADDRESS OF BANK OR DEPOS		
NAME OF TREASURER	u la Eura VI Di	7023	ELEPHONE NUMBER (DAY)
170 110/	ADDRESS OF TREASURE		
I certify that the stateme designated by law. I am a	certification ents on this document are true, and that the contr ware that if any of the statements are willfully false, I	ribution amounts receiv	red conform with the limitation shment.
Halic	Matthew Dobety	Maxin	
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATUR	RE (CANDIDATE)
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATU	RE (CANDIDATE)
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATU	RE (CANDIDATE)
DATE	PRINT FULL NAME (TREASURER)	Maurock	RE (TREASURER)
Treasurers for Gubernato Enforcement Commission	orial and Legislative candidates are required to receiven. Check here if if you have completed the training	we training with the New and enter your Treasure	Jersey Election Law ar Training ID#
	DECLARATION OF FINAL	REPORT	
that all filing entities conti	ign applicable Declaration below as well as Certifical inue to file reports with the Commission until all camp butions or other monies received by this election fun- tions, and that the election fund has wound up its but	paign business is woun d have been disbursed,	d up and the fund is dissolved. that there are no outstanding
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATU	RE (CANDIDATE)
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATU	IRE (CANDIDATE)
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATU	IRE (CANDIDATE)
DATE	PRINT FULL NAME (TREASURER)	SIGNATU	RE (TREASURER)

SCHEDULE G Recipients of In-Kind Contributions

NAME OF RECIPIENT CANDIDAT	TE/COMMITTEE	
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUN	NICIPALITY
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDA	TE/COMMITTEE	
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUN	NICIPALITY
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDA	TE/COMMITTEE	
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MU	NICIPALITY
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDA	ATE/COMMITTEE	
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MU	INICIPALITY
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDID	ATE/COMMITTEE	
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MU	JNICIPALITY
CHECK NUMBER	PAYMENT DATE	AMOUNT \$

SCHEDULE E

Outstanding Obligations

Date(s)	Creditor's Name	Address	Description	Amount
				\$
			TOTAL OUTSTANDING OBLIGATIONS	

SCHEDULE F Refunded Disbursements

eck Full Name	Address	Description	Amount
			s
		SCHEDULE F TOTAL	

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

		GRAND TOTAL OF CONTRIBUTIONS MADE TO AND ON BEHALF OF CANDIDATES/COMMITTEES	CONTRIBUTIONS M	GRAND TOTAL OF
ω en				
60	(+)	ADD THE "PRO - RATA AMOUNT OTHERS" COLUMN FROM SCHEDULES 1(D) AND 2(D)	ATA AMOUNT OTHE	ADD THE 'PRO - R
s			RAND TOTAL	SCHEDULE 3(D) GRAND TOTAL
		COMPLETE THE FOLLOWING LINES FOR LAST PAGE USED:	OLLOWING LINES FO	COMPLETE THE FO
69	TOTAL, THIS PAGE	ae usep)	NE FOR EVERY PAC	(COMPLETE THIS LINE FOR EVERY PAGE USED)
69				
AMOUNT	ADDRESS	RECIPIENT CANDIDATE/COMMITTEE	CHECK NO.	PAYMENT DATE
				-

SCHEDULE 2(D) - DISBURSEMENTS Other

PBO.BATA	AMOUNT	Ф	\$	69
PRO-RATA	AMOUNT THIS REPORTING ENTITY	so .	s	49
	FULL AMOUNT	so .	9	6
	PURPOSE			GRAND TOTAL
	PAYEE NAME AND ADDRESS			(COMPLETE THIS LINE FOR EVERY PAGE USED) (COMPLETE THIS LINE FOR LAST PAGE USED)
-	OHECK NO.			IS LINE FOR
	PAYMENT			(COMPLETE TH

FORM R-1 Peveed 09/07/2013

SCHEDULE 1(D) - DISBURSEMENTS Campaign Expenses

	PRO-RATA AMOUNT OTHERS	69	69	69
	PRO-RATA AMOUNT THIS REPORTING ENTITY	69	₩	6
	FULL AMOUNT	69		
combanda madama	PURPOSE		69	GRAND TOTAL
	PAYEE NAME AND ADDRESS			(COMPLETE THIS LINE FOR EVERY PAGE USED)
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	PAYMENT DATE			(COMPLETE TH

ADJUSTMENT SCHEDULE

Refund of Contributions

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRE	SS REFUNDED AMOUNT
			\$
(COMPLETE THIS	LINE FOR EVERY PAGE	USED) TOTAL, THIS PAGE	<u>s</u>
	LINE FOR LAST PAGE L	JSED) GRAND TOTAL	3

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

ENDER NAME		EMPLOYER N	AME		
ENDER ADDRESS		EMPLOYER A	DDRESS		
OCCUPATION					
CO-SIGNER NAME		EMPLOYER N	IAME		
\					
CO-SIGNER ADDRESS		EMPLOYER A	DDRESS		
OCCUPATION		AMOUNT(S)	RECEIVED THIS PERIOD		
		\$			
DATE(S) RECEIVED	AGGREGATE /	AMOUNT	CHECK IF CURRENCY		
	\$		CURRENCY L		
LENDER NAME		EMPLOYER NAME			
LENDER ADDRESS		EMPLOYER /	ADDRESS		
		1			
OCCUPATION					
CO-SIGNER NAME		EMPLOYER	NAME		
CO-SIGNER ADDRESS		EMPLOYER ADDRESS			
OCCUPATION		AMOUNT(S)	AMOUNT(S) RECEIVED THIS PERIOD		
		\$			
DATE(S) RECEIVED	AGGREGATE	AMOUNT	CHECK IF CURRENCY	1	
	\$		CURRENCY L		
	T _{\phi}				
TOTAL AMOUNT OF LOANS REC	EIVED THIS REPORT F	PERIOD			
The range of the control files		73.70	\$		
a contract of the contract of			1.7		

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

CONTRIBUTOR NAME		EMPLOYER NAME			
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS			
	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$		
OCCUPATION					
DESCRIPTION OF IN-KIND CONTR	IBUTION(S)				
CONTRIBUTOR NAME		EMPLOYER NAME			
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	S		
	AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$		
OCCUPATION					
DESCRIPTION OF IN-KIND CONTR	RIBUTION(S)				
CONTRIBUTOR NAME		EMPLOYER NAME			
CONTRIBUTOR ADDRESS		EMPLOYER ADDRES	S		
	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$		
OCCUPATION					
DESCRIPTION OF IN-KIND CONT	RIBUTION(S)				
CONTRIBUTOR NAME		EMPLOYER NAME			
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS			
	AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIO		
OCCUPATION	-				
DESCRIPTION OF IN-KIND CONT	RIBUTION(S)				
		OTAL THIS DACE	s		
(COMPLETE THIS LINE FOR EV	ERY PAGE USED) TO	OTAL, THIS PAGE	*		

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

CONTRIBUTOR NAME	EMPLOYER NAME	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
CHECK IF CURRENCY S AGGREGATE AMOUNT S	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
CONTRIBUTOR NAME	EMPLOYER NAME	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
CHECK IF AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION		
CONTRIBUTOR NAME	EMPLOYER NAME	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
CHECK IF CURRENCY S AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION		
CONTRIBUTOR NAME	EMPLOYER NAME	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
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CONTRIBUTOR NAME	EMPLOYER NAME	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	. /
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