

FORM R-1

REPORT OF CONTRIBUTIONS AND EXPENDITURES

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: <http://www.elec.state.nj.us/>

REPORT (CHECK ONE):

- 29 - DAY PRE-ELECTION
- 11 - DAY PRE-ELECTION
- 20 - DAY POST-ELECTION
- Apr. 15, \_\_\_\_\_
- July 15, \_\_\_\_\_
- Oct. 15, \_\_\_\_\_
- Jan. 15, \_\_\_\_\_

CANDIDATE OR COMMITTEE NAME

Nicolay for Council

STREET ADDRESS

316 4th Avenue

CITY

Belmar

STATE

NJ

ZIP CODE

07719

COUNTY

Morristown

ELECTION DISTRICT OR MUNICIPALITY

Belmar

POLITICAL PARTY, IF ANY

Democrat

OFFICE SOUGHT

Council

ELECTION DATE

6/5/12

ELECTION TYPE (CHECK ONE)

PRIMARY  
 GENERAL

MUNICIPAL  
 RUN-OFF

SCHOOL  
 FIRE DISTRICT

SPECIAL

Amendment Yes  No

For State Use Only

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	\$ 300.00	\$ 300.00
2. MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]	\$ 0.00	\$ 0.00
3. IN-KIND CONTRIBUTIONS OF \$300 OR LESS	\$ 0.00	\$ 0.00
4. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]	\$ 0.00	\$ 0.00
5. LOANS RECEIVED IN EXCESS OF \$300 AND ALL CURRENCY LOANS [Schedule C]	\$ 0.00	\$ 0.00
6. SUB TOTAL (ADD LINES 1 THRU 5)	\$ 300.00	\$ 300.00
7. REFUND OF EXCESSIVE CONTRIBUTIONS [Adjustment Schedule] (-)	\$ 0.00	\$ 0.00
8. TOTAL CONTRIBUTIONS	\$ 0.00	\$ 0.00
9. ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)	\$ 0.00	\$ 0.00
10. TOTAL RECEIPTS (ADD LINE 8 + LINE 9)	\$ 300.00	\$ 300.00

TABLE II. EXPENDITURES

1. DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]	\$ 0.00	\$ 0.00
2. DISBURSEMENTS - OTHER [Schedule 2(D)]	\$ 300.00	\$ 300.00
3. DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]	\$ 0.00	\$ 0.00
4. CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)]	\$ 0.00	\$ 0.00
5. IN-KIND CONTRIBUTIONS OF \$300 OR LESS (TABLE I, LINE 3)	\$ 0.00	\$ 0.00
6. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)	\$ 0.00	\$ 0.00
7. SUB TOTAL (ADD LINES 1 THRU 6)	\$ 300.00	\$ 300.00
8. REFUNDED DISBURSEMENTS [Schedule F] (-)	\$ 0.00	\$
9. TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)	\$ 300.00	\$ 300.00

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

CONTRIBUTOR NAME BART Nicolay		EMPLOYER NAME Red Hat	
CONTRIBUTOR ADDRESS 316 4th Avenue Belmar NJ 07719		EMPLOYER ADDRESS Raleigh NC 1801 Varsity Drive 27606	
<input checked="" type="checkbox"/> CHECK IF CURRENCY	AGGREGATE AMOUNT \$ 150.00	DATE(S) RECEIVED 6/21/12	AMOUNT(S) RECEIVED THIS PERIOD \$ 150.00
OCCUPATION Sales			
CONTRIBUTOR NAME Jennifer Nicolay		EMPLOYER NAME CA Technologies	
CONTRIBUTOR ADDRESS 316 4th Avenue Belmar NJ 07719		EMPLOYER ADDRESS Islandia, NY 1 CA Plaza 11749	
<input checked="" type="checkbox"/> CHECK IF CURRENCY	AGGREGATE AMOUNT \$ 150.00	DATE(S) RECEIVED 6/21/12	AMOUNT(S) RECEIVED THIS PERIOD \$ 150.00
OCCUPATION Marketing			
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
<input type="checkbox"/> CHECK IF CURRENCY	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION			
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
<input type="checkbox"/> CHECK IF CURRENCY	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION			
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
<input type="checkbox"/> CHECK IF CURRENCY	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION			
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>		TOTAL, THIS PAGE	\$ 300.00
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>		GRAND TOTAL	\$ 300.00

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

CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
		AGGREGATE AMOUNT \$	DATE(S) RECEIVED
OCCUPATION			AMOUNT(S) RECEIVED THIS PERIOD \$
DESCRIPTION OF IN-KIND CONTRIBUTION(S)			
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
		AGGREGATE AMOUNT \$	DATE(S) RECEIVED
OCCUPATION			AMOUNT(S) RECEIVED THIS PERIOD \$
DESCRIPTION OF IN-KIND CONTRIBUTION(S)			
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
		AGGREGATE AMOUNT \$	DATE(S) RECEIVED
OCCUPATION			AMOUNT(S) RECEIVED THIS PERIOD \$
DESCRIPTION OF IN-KIND CONTRIBUTION(S)			
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
		AGGREGATE AMOUNT \$	DATE(S) RECEIVED
OCCUPATION			AMOUNT(S) RECEIVED THIS PERIOD \$
DESCRIPTION OF IN-KIND CONTRIBUTION(S)			
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
		AGGREGATE AMOUNT \$	DATE(S) RECEIVED
OCCUPATION			AMOUNT(S) RECEIVED THIS PERIOD \$
DESCRIPTION OF IN-KIND CONTRIBUTION(S)			
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>		<b>TOTAL, THIS PAGE</b>	\$
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>		<b>GRAND TOTAL</b>	\$

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

LENDER NAME		EMPLOYER NAME	
LENDER ADDRESS		EMPLOYER ADDRESS	
OCCUPATION			
CO-SIGNER NAME		EMPLOYER NAME	
CO-SIGNER ADDRESS		EMPLOYER ADDRESS	
OCCUPATION		AMOUNT(S) RECEIVED THIS PERIOD	
		\$	
DATE(S) RECEIVED	AGGREGATE AMOUNT	CHECK IF CURRENCY <input type="checkbox"/>	
	\$		
LENDER NAME		EMPLOYER NAME	
LENDER ADDRESS		EMPLOYER ADDRESS	
OCCUPATION			
CO-SIGNER NAME		EMPLOYER NAME	
CO-SIGNER ADDRESS		EMPLOYER ADDRESS	
OCCUPATION		AMOUNT(S) RECEIVED THIS PERIOD	
		\$	
DATE(S) RECEIVED	AGGREGATE AMOUNT	CHECK IF CURRENCY <input type="checkbox"/>	
	\$		
TOTAL AMOUNT OF LOANS RECEIVED THIS REPORT PERIOD		\$	

**ADJUSTMENT SCHEDULE**  
**Refund of Excessive Contributions**

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	REFUNDED AMOUNT
			\$
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>		<b>TOTAL, THIS PAGE</b>	\$
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>		<b>GRAND TOTAL</b>	\$

**SCHEDULE 1(D) - DISBURSEMENTS**  
**Campaign Expenses**

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
				\$	\$	\$
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>				\$	\$	\$
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>				\$	\$	\$

**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
				\$	\$	\$
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>				\$	\$	\$
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>				\$	\$	\$

**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)				\$
TOTAL, THIS PAGE				\$
COMPLETE THE FOLLOWING LINES FOR LAST PAGE USED:				
SCHEDULE 3(D) GRAND TOTAL				1. \$
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. \$



**SCHEDULE E**  
**Outstanding Obligations**

Date Incurred	Creditor's Name	Address	Description	Amount
				\$
				<b>TOTAL  OUTSTANDING  OBLIGATIONS</b> \$

**SCHEDULE F**  
**Refunded Disbursements**

Date	Full Name	Address	Description	Amount
				\$
				<b>SCHEDULE F TOTAL</b> \$

**SCHEDULE G**  
**Recipients of In-Kind Contributions**

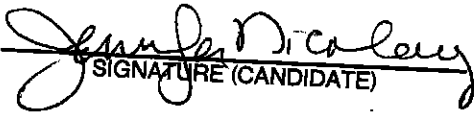

NAME OF RECIPIENT CANDIDATE/COMMITTEE		
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMMITTEE		
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMMITTEE		
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMMITTEE		
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMMITTEE		
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$

## STATEMENT OF CAMPAIGN DEPOSITORY AND CAMPAIGN TREASURER

<b>Opening balance, this report</b> (Insert closing balance of last report, or, if this is the first report filed by this entity for this election, insert zero.)	\$ <u>0.00</u>
<b>Funds Transferred from Prior Campaign</b>	\$ <u>0.00</u>
<b>Deposits</b> (Include interest)	\$ <u>300.00</u>
<b>Disbursements</b> (Include bank charges)	\$ <u>300.00</u>
<b>Closing Balance, this Report</b>	\$ <u>0.00</u>
<u>Investors Bank</u> NAME OF BANK OR DEPOSITORY	<u>Nicolay for Council</u> NAME OF ACCOUNT
<u>910 State Route 71, Spring Lake, NJ 07762</u> ADDRESS OF BANK OR DEPOSITORY	
<u>Maureen Doherty</u> NAME OF TREASURER	<u>908-490-0192</u> TELEPHONE NUMBER (DAY)
<u>321 Cook Avenue, Scotch Plains, NJ 07076</u> 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>10/9/12</u> DATE	<u>Jennifer Nicolay</u> PRINT FULL NAME (CANDIDATE)	 SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
<u>10-9-12</u> DATE	<u>Maureen Doherty</u> PRINT FULL NAME (TREASURER)	 SIGNATURE (TREASURER)

Treasurers for Governatorial 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.

<u>10/9/12</u> DATE	<u>Jennifer Nicolay</u> PRINT FULL NAME (CANDIDATE)	 SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
<u>10-9-12</u> DATE	<u>Maureen Doherty</u> PRINT FULL NAME (TREASURER)	 SIGNATURE (TREASURER)