

RECEIVED
11-26-13

FORM R-1	REPORT OF CONTRIBUTIONS AND EXPENDITURES	REPORT (CHECK ONE): <input type="checkbox"/> 29 - DAY PRE-ELECTION <input type="checkbox"/> 11 - DAY PRE-ELECTION <input checked="" type="checkbox"/> 20 - DAY POST-ELECTION <input type="checkbox"/> Apr. 15, _____ <input type="checkbox"/> July 15, _____ <input type="checkbox"/> Oct. 15, _____ <input type="checkbox"/> Jan. 15, _____
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		
CANDIDATE OR COMMITTEE NAME BRIAN MAGOVERN + JANIS KEOWN-BLACKBURN		
STREET ADDRESS 207 SOUTH LAKE DRIVE		Amendment Yes <input type="checkbox"/> No <input type="checkbox"/>
CITY BELMAR	STATE NJ	ZIP CODE 07719
COUNTY MONMOUTH	ELECTION DISTRICT OR MUNICIPALITY BELMAR	
POLITICAL PARTY, IF ANY DEMOCRAT	OFFICE SOUGHT TOWN COUNCIL	
ELECTION DATE 11/5/13	ELECTION TYPE (CHECK ONE) <input type="checkbox"/> PRIMARY <input type="checkbox"/> MAY MUNICIPAL <input type="checkbox"/> SCHOOL <input type="checkbox"/> SPECIAL <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> RUN-OFF <input type="checkbox"/> FIRE DISTRICT	

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 / LOANS OF \$300 OR LESS	\$ 100	\$ 4975
2. MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]	\$ 500	\$ 1550
3. IN-KIND CONTRIBUTIONS OF \$300 OR LESS	\$ 25	\$ 143.21
4. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]	\$ 0	\$ 3100
5. LOANS RECEIVED IN EXCESS OF \$300 AND ALL CURRENCY LOANS [Schedule C]	\$ 500	\$ 500
6. SUB TOTAL (ADD LINES 1 THRU 5)	\$ 1125	\$ 10,268.21
7. REFUND OF CONTRIBUTIONS [Adjustment Schedule] (-)	\$ NA	\$ NA
8. TOTAL CONTRIBUTIONS	\$ 1125	\$ 10,268.21
9. ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)	\$ —	\$ 2960
10. TOTAL RECEIPTS (ADD LINE 8 + LINE 9)	\$ 1125	\$ 13,228.21

TABLE II. EXPENDITURES	THIS REPORT	CUMULATIVE TO DATE
1. DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]	\$ 8671.91	\$ 9501.16
2. DISBURSEMENTS - OTHER [Schedule 2(D)]	\$ N/A	\$ N/A
3. DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]	\$ N/A	\$ N/A
4. CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)]	\$ N/A	\$ N/A
5. IN-KIND CONTRIBUTIONS OF \$300 OR LESS (TABLE I, LINE 3)	\$ 25	\$ 143.21
6. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)	\$ N/A	\$ 3100
7. SUB TOTAL (ADD LINES 1 THRU 6)	\$ 8696.91	\$ 12,744.37
8. REFUNDED DISBURSEMENTS [Schedule F] (-)	\$ NA	\$ NA
9. TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)	\$ 8696.91	\$ 12,744.37

SCHEDULE A

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

CONTRIBUTOR NAME STEPHEN GALLO			EMPLOYER NAME BOROUGH OF BAYONNE		
CONTRIBUTOR ADDRESS 48 TRASK AVE			EMPLOYER ADDRESS 620 AVENUE C		
BAYONNE, NJ 07002			BAYONNE, NJ 07002		
<input type="checkbox"/>	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD	
			10/29/13	\$ 500	
OCCUPATION MAYORAL CHIEF OF STAFF					
CONTRIBUTOR NAME OWEN MC CARTHY			EMPLOYER NAME CONNELL FOLEY		
CONTRIBUTOR ADDRESS 88 MORRIS AVE			EMPLOYER ADDRESS 85 LIVINGSTON AVE		
MANASQUAN NJ 08736			ROSELAND, NJ 07068		
<input type="checkbox"/>	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD	
			10/25/13	\$ 100	
OCCUPATION ATTORNEY					
CONTRIBUTOR NAME			EMPLOYER NAME		
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS		
<input type="checkbox"/>	CHECK IF CURRENCY <input type="checkbox"/>	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 <input type="checkbox"/>	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 <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD	
				\$	
OCCUPATION					
(COMPLETE THIS LINE FOR EVERY PAGE USED)			TOTAL, THIS PAGE	\$ 600	
(COMPLETE THIS LINE FOR LAST PAGE USED)			GRAND TOTAL	\$ 600	

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

CONTRIBUTOR NAME CLARE DEICKE		EMPLOYER NAME N/A	
CONTRIBUTOR ADDRESS 1017 19 th AVE		EMPLOYER ADDRESS	
BELMAR, NJ 07719			
AGGREGATE AMOUNT \$ 197.21		DATE(S) RECEIVED 10/27/13	AMOUNT(S) RECEIVED THIS PERIOD \$ 25
OCCUPATION RETIRED			
DESCRIPTION OF IN-KIND CONTRIBUTION(S) FOOD + BEVERAGES FOR MEET + GREET EVENT			
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
AGGREGATE AMOUNT \$		DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION			
DESCRIPTION OF IN-KIND CONTRIBUTION(S)			
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
AGGREGATE AMOUNT \$		DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION			
DESCRIPTION OF IN-KIND CONTRIBUTION(S)			
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
AGGREGATE AMOUNT \$		DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION			
DESCRIPTION OF IN-KIND CONTRIBUTION(S)			
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
AGGREGATE AMOUNT \$		DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION			
DESCRIPTION OF IN-KIND CONTRIBUTION(S)			
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	\$ 25
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$ 25

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

LENDER NAME BRIAN MABOVERN		EMPLOYER NAME ST. PETER SCHOOL	
LENDER ADDRESS 207 S. LAKE DRIVE		EMPLOYER ADDRESS 415 ATLANTIC AVE	
BEL MAR, NJ 07719		PT PLEASANT NJ 08742	
OCCUPATION TEACHER			
CO-SIGNER NAME N/A		EMPLOYER NAME	
CO-SIGNER ADDRESS		EMPLOYER ADDRESS	
OCCUPATION		AMOUNT(S) RECEIVED THIS PERIOD \$ 500	
DATE(S) RECEIVED	AGGREGATE AMOUNT \$ 10/30/13	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		\$ 500	

ADJUSTMENT SCHEDULE

Refund of Contributions

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	REFUNDED AMOUNT
		N/A	\$
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	\$ 0
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$ 0

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
7/5/13	1001	HEAD GRAPHICS PO BOX 1561 WALL NJ 07719	PALM CARDS	\$ 829.25	\$ 829.25	\$ 0
10/13/13	1002	AMELIA FORWARDING WALL, NJ 07719	FACE PAINTER / FESTIVAL	450.00	450.00	0
10/15/13	1003	KINTECH, INC PO BOX 1225 WALL, NJ 07719	CAMPAIGN MAILING	225.84	225.84	0
10/15/13	1004	POST MASTER DEL MAR, NJ 07719	POSTAGE	529.69	529.69	0
10/22/13	1005	POST MASTER	POSTAGE	529.69	529.69	0
10/22/13	1006	KINTECH, INC	CAMPAIGN MAILING	225.84	225.84	0
10/24/13	1007	POSTMASTER	POSTAGE	435.27	435.27	0
10/24/13	1008	KINTECH, INC	CAMPAIGN MAILING	441.09	441.09	0
10/24/13	1009	KINTECH, INC	CAMPAIGN MAILING	225.84	225.84	0
10/29/13	1010	POST MASTER	POSTAGE	529.69	529.69	0
10/31/13	1011	KINTECH, INC	CAMPAIGN MAILING	668.69	668.69	0
10/31/13	1012	POSTMASTER	POSTAGE	435.27	435.27	0
10/1/13	debit	COAST STAR	AD	993.75	993.75	0
10/18/13	debit	13 BRAN ST	AD	993.75	993.75	0
10/24/13	debit	MARASQUAN, NJ	AD	993.75	993.75	0
10/29/13	debit	08736	AD	993.75	993.75	0
(COMPLETE THIS LINE FOR EVERY PAGE USED)				TOTAL, THIS PAGE	\$ 8671.91	\$ 0
(COMPLETE THIS LINE FOR LAST PAGE USED)				GRAND TOTAL	\$ 8671.91	\$ 0

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
		NA		\$	\$	\$
(COMPLETE THIS LINE FOR EVERY PAGE USED)				\$ 0	\$ 0	\$
(COMPLETE THIS LINE FOR LAST PAGE USED)				\$ 0	\$ 0	\$

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

PAYMENT DATE	CHECK NO.	RECIPIENT CANDIDATE/COMMITTEE	ADDRESS	AMOUNT
		N/A		\$
(COMPLETE THIS LINE FOR EVERY PAGE USED)				\$ 0
COMPLETE THE FOLLOWING LINES FOR LAST PAGE USED:				
SCHEDULE 3(D) GRAND TOTAL				1. \$ 0
ADD THE "PRO - RATA AMOUNT OTHERS" COLUMN FROM SCHEDULES 1(D) AND 2(D)				2. \$ 0
GRAND TOTAL OF CONTRIBUTIONS MADE TO AND ON BEHALF OF CANDIDATES/COMMITTEES				3. \$ 0

SCHEDULE E
Outstanding Obligations

Date(s)	Creditor's Name	Address	Description	Amount
10/27/13	BRIAN MAGOVERN	907 207 S. LAKE DR. BELMAN, NJ 07719	LOAN	\$ 500
			TOTAL OUTSTANDING OBLIGATIONS	\$ 500

SCHEDULE F
Refunded Disbursements

Date(s)	Check #	Full Name	Address	Description	Amount
			N/A		\$
SCHEDULE F TOTAL					\$ 0

SCHEDULE G
Recipients of In-Kind Contributions

NA

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

Opening Balance, this report
 (Insert closing balance of last report, or, if this is the first report filed by this entity for this election, insert zero.) \$ 0

Funds Transferred from Prior Campaign \$ 2960.00

Deposits (Include interest) \$ 7025.00

Disbursements (Include bank charges) \$ 9501.16

Closing Balance, this Report \$ 483.84

KEARNEY FEDERAL SAVINGS/CENTRAL JERSEY BANK MAGOVERN-BLACKBURN FOR COUNTY
 NAME OF BANK OR DEPOSITORY NAME OF ACCOUNT

611 MAIN ST, BELMAR, NJ 07719
 ADDRESS OF BANK OR DEPOSITORY

JANET GROSSHANDLER 732-773-0097
 NAME OF TREASURER *TELEPHONE NUMBER (DAY)

119 PACQUET RD, WALL, NJ 07719
 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>11/25/13</u> DATE	<u>BRIAN MAGOVERN</u> PRINT FULL NAME (CANDIDATE)	<u>Brian Magovern</u> SIGNATURE (CANDIDATE)
<u>11/25/13</u> DATE	<u>JANIS KEOWN-BLACKBURN</u> PRINT FULL NAME (CANDIDATE)	<u>Janis Keown-Blackburn</u> SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
<u>11/28/13</u> DATE	<u>JANET GROSSHANDLER</u> PRINT FULL NAME (TREASURER)	<u>Janet Grosshandler</u> SIGNATURE (TREASURER)

Treasurers for Gubernatorial 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# CE1300394

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>11/25/13</u> DATE	<u>BRIAN MAGOVERN</u> PRINT FULL NAME (CANDIDATE)	<u>Brian Magovern</u> SIGNATURE (CANDIDATE)
_____ DATE	<u>JANIS KEOWN-BLACKBURN</u> PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (TREASURER)	_____ SIGNATURE (TREASURER)