

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 type="checkbox"/> 20 - DAY POST-ELECTION <input checked="" type="checkbox"/> Apr. 15, <u>2014</u> <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 <u>BRIAN MAGOVERAN + JANIS KEOWN-BLACKBURN</u>		
STREET ADDRESS <u>207 SOUTH LAKE DRIVE</u>		Amendment Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
CITY <u>BELMAR</u>	STATE <u>NJ</u>	ZIP CODE <u>07719</u>
COUNTY <u>MONMOUTH</u>	ELECTION DISTRICT OR MUNICIPALITY <u>BELMAR</u>	
POLITICAL PARTY, IF ANY <u>DEMOCRAT</u>	OFFICE SOUGHT <u>TOWN COUNCIL</u>	
ELECTION DATE	ELECTION TYPE (CHECK ONE)	<input type="checkbox"/> PRIMARY <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> MAY MUNICIPAL RUN-OFF <input type="checkbox"/> SCHOOL <input type="checkbox"/> FIRE DISTRICT <input type="checkbox"/> SPECIAL

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 / LOANS OF \$300 OR LESS	\$ 50	\$ 5025
2. MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]	\$ 4000	\$ 5550
3. IN-KIND CONTRIBUTIONS OF \$300 OR LESS	\$ -	\$ 143.21
4. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]	\$ -	\$ 3100 -
5. LOANS RECEIVED IN EXCESS OF \$300 AND ALL CURRENCY LOANS [Schedule C]	\$ -	\$ 500 -
6. SUB TOTAL (ADD LINES 1 THRU 5)	\$ 4050	\$ 14318.21
7. REFUND OF CONTRIBUTIONS [Adjustment Schedule] (-)	\$ -150	\$ -150
8. TOTAL CONTRIBUTIONS	\$ 3900	\$ 14168.21
9. ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)	\$ -	\$ 2960
10. TOTAL RECEIPTS (ADD LINE 8 + LINE 9)	\$ -	\$ 17128.21

TABLE II. EXPENDITURES	THIS REPORT	CUMULATIVE TO DATE
1. DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]	\$ 3846.65	\$ 13347.81
2. DISBURSEMENTS - OTHER [Schedule 2(D)]	\$ N/A	\$ N/A
3. DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]	\$ 537.19	\$ 537.19
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)	\$ 0	\$ 143.21
6. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)	\$ 0	\$ 3100
7. SUB TOTAL (ADD LINES 1 THRU 6)	\$ -	\$ 17128.21
8. REFUNDED DISBURSEMENTS [Schedule F] (-)	\$ 0	\$ 0
9. TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)	\$ -	\$ 17128.21

SCHEDULE A

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

CONTRIBUTOR NAME ELLEN YOUNG			EMPLOYER NAME —		
CONTRIBUTOR ADDRESS 1702 A ST. BELMAR, NJ 07719			EMPLOYER ADDRESS —		
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 2100	DATE(S) RECEIVED 1/9/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 2000	
OCCUPATION RETIRED HOSPICE WORKER					
CONTRIBUTOR NAME MICHAEL G. KALENA			EMPLOYER NAME BENJAMIN MOORE & CO		
CONTRIBUTOR ADDRESS 305 8th AVE BELMAR, NJ 07719			EMPLOYER ADDRESS 134 LISTEN AVE NEWARK, NJ 07105		
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED 1/16/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 2000	
OCCUPATION LABORER					
CONTRIBUTOR NAME JOANNE CASEY			EMPLOYER NAME —		
CONTRIBUTOR ADDRESS 8 BLUE RIDGE DRIVE BRICK, NJ 08724			EMPLOYER ADDRESS —		
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ —	DATE(S) RECEIVED 10/15/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 50	
OCCUPATION RETIRED					
CONTRIBUTOR NAME			EMPLOYER NAME		
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS		
	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		
	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	\$ 4050.00	
(COMPLETE THIS LINE FOR LAST PAGE USED)			GRAND TOTAL	\$ 4050.00	

N/A

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 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	\$
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$

N/A

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 Contributions

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	REFUNDED AMOUNT
3/12/14	400100011 KOT BANK CHECK 400100011	MEGHAN MAGOVERN MAKTURANO 300 NORTH END AVE. APT 15E, NY, NY 10082	\$ 150
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	\$ 150. ⁰⁰
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$ 150. ⁰⁰

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
2/2/14	1013	ACU GRAPHICS PO BOX 1598 WALL, NJ 07719	PRINT DESIGN: INVITATIONS MAILERS, DOOR HANGERS	\$ 3488.90	\$ 3488.90	\$ 0
2/2/14	1014	STOKES, SOPH + DELIVERED WALL, NJ 07719	CAMPAIGN SIGNS	347.75	347.75	0
TOTAL, THIS PAGE				\$ 3846.65	\$ 3846.65	\$ 0
GRAND TOTAL				\$ 3846.65	\$ 3846.65	\$
(COMPLETE THIS LINE FOR EVERY PAGE USED)						
(COMPLETE THIS LINE FOR LAST PAGE USED)						

SCHEDULE 2(D) - DISBURSEMENTS
Other

NA

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

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

PAYMENT DATE	CHECK NO.	RECIPIENT CANDIDATE/COMMITTEE	ADDRESS	AMOUNT
9/12/17	100 BANK CHECK 10010019	BELMONT DEMOCRATIC COMMITTEE	1300 ST ROUTE #71 UNIT 107 BELMONT, NJ 07719	\$ 537.19
(COMPLETE THIS LINE FOR EVERY PAGE USED)				
TOTAL, THIS PAGE				
1. \$ 537.19				
2. \$ 0				
3. \$ 537.19				
COMPLETE THE FOLLOWING LINES FOR LAST PAGE USED: SCHEDULE 3(D) GRAND TOTAL ADD THE "PRO - RATA AMOUNT OTHERS" COLUMN FROM SCHEDULES 1(D) AND 2(D) (+) GRAND TOTAL OF CONTRIBUTIONS MADE TO AND ON BEHALF OF CANDIDATES/COMMITTEES				

SCHEDULE E
Outstanding Obligations

Date(s)	Creditor's Name	Address	Description	Amount
10/27/13	BRIAN MAGOVEN	207 S. LAKE DR. BELMAR	LOAN	\$ 500
<p>LOAN IS FORGIVEN</p> <hr style="width: 100%; border: 0.5px solid black;"/>				
TOTAL OUTSTANDING OBLIGATIONS				\$ 0

SCHEDULE F
Refunded Disbursements

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

SCHEDULE G
Recipients of In-Kind Contributions

M/A



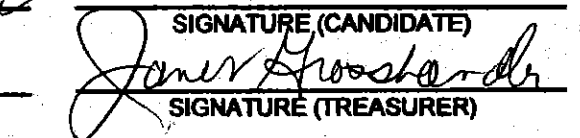
NAME OF RECIPIENT CANDIDATE/COMMITTEE		
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMMITTEE		
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT 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.)	\$ <u>483.84</u>
Funds Transferred from Prior Campaign	\$ <u>2960. -</u>
Deposits (Include interest) <i>this report</i>	\$ <u>4050. -</u>
Disbursements (Include bank charges) <i>this report</i>	\$ <u>4533.84</u>
Closing Balance, this Report	\$ <u>0</u>
<hr/>	
<u>KEARNY FEDERAL SAVINGS/CENTRAL JERSEY</u> NAME OF BANK OR DEPOSITORY	<u>MAGOVERN + BLACKBURN</u> NAME OF ACCOUNT
<u>611 MAIN ST, BELMAR NJ 07719</u> ADDRESS OF BANK OR DEPOSITORY	<u>COUNCIL</u>
<u>JANET GROSSHANDLER</u> NAME OF TREASURER	<u>732-773-0097</u> TELEPHONE NUMBER (DAY)
<u>119 RACQUET RD. WALL, NJ 07719</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.



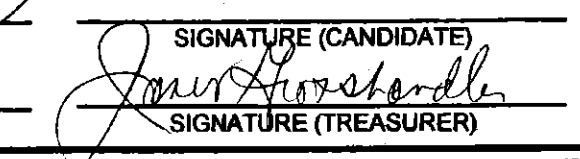
<u>4/10/14</u> DATE	<u>BRIAN MAGOVERN</u> PRINT FULL NAME (CANDIDATE)	 SIGNATURE (CANDIDATE)
<u>4/10/14</u> DATE	<u>JANIS KEOWN-BLACKBURN</u> PRINT FULL NAME (CANDIDATE)	 SIGNATURE (CANDIDATE)
<u>4/10/14</u> DATE	<u>JANET GROSSHANDLER</u> PRINT FULL NAME (TREASURER)	 SIGNATURE (TREASURER)

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# _____

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>4/10/14</u> DATE	<u>BRIAN MAGOVERN</u> PRINT FULL NAME (CANDIDATE)	 SIGNATURE (CANDIDATE)
<u>4/10/14</u> DATE	<u>JANIS KEOWN-BLACKBURN</u> PRINT FULL NAME (CANDIDATE)	 SIGNATURE (CANDIDATE)
<u>4/10/14</u> DATE	<u>JANET GROSSHANDLER</u> PRINT FULL NAME (TREASURER)	 SIGNATURE (TREASURER)