

FORM R-1	REPORT OF CONTRIBUTIONS AND EXPENDITURES	REPORT (CHECK ONE):
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		<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, _____
CANDIDATE OR COMMITTEE NAME THOMAS W. BRENNAN		Amendment Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
STREET ADDRESS 404 11TH AVENUE		
CITY BELMAR	STATE N.J.	ZIP CODE 07719
COUNTY MONMOUTH	ELECTION DISTRICT OR MUNICIPALITY BELMAR	
POLITICAL PARTY, IF ANY DEMOCRATIC	OFFICE SOUGHT COUNCILMAN	
ELECTION DATE 11-7-17	ELECTION TYPE (CHECK ONE)	<input type="checkbox"/> PRIMARY <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> MAY MUNICIPAL <input type="checkbox"/> RUN-OFF <input type="checkbox"/> SCHOOL <input type="checkbox"/> FIRE DISTRICT <input type="checkbox"/> SPECIAL
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	\$ 609.67	\$ 6014.67
2. MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]	\$ 0	\$ 0
3. IN-KIND CONTRIBUTIONS OF \$300 OR LESS	\$ 0	\$ 90.84
4. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]	\$ 0	\$ 2190.00
5. LOANS RECEIVED IN EXCESS OF \$300 AND ALL CURRENCY LOANS [Schedule C]	\$ 0	\$ 0
6. SUB TOTAL (ADD LINES 1 THRU 5)	\$ 609.67	\$ 8295.51
7. REFUND OF CONTRIBUTIONS [Adjustment Schedule] (-)	\$ 0	\$ 0
8. TOTAL CONTRIBUTIONS	\$ 609.67	\$ 8295.51
9. ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)	\$ 0	\$ 0
10. TOTAL RECEIPTS (ADD LINE 8 + LINE 9)	\$ 609.67	\$ 8295.51
TABLE II. EXPENDITURES		
1. DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]	\$ 2514.27	\$ 6689.90
2. DISBURSEMENTS - OTHER [Schedule 2(D)]	\$ 0	\$ 0
3. DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]	\$ 0	\$ 0
4. CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)]	\$ 0	\$ 0
5. IN-KIND CONTRIBUTIONS OF \$300 OR LESS (TABLE I, LINE 3)	\$ 0	\$ 0
6. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)	\$ 0	\$ 0
7. SUB TOTAL (ADD LINES 1 THRU 6)	\$ 2514.27	\$ 6689.90
8. REFUNDED DISBURSEMENTS [Schedule F] (-)	\$ 0	\$ 0
9. TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)	\$ 2514.27	\$ 6689.90

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

CONTRIBUTOR NAME GRACE FITZGERALD		EMPLOYER NAME RETIRED	
CONTRIBUTOR ADDRESS 1902 SURF AVE.		EMPLOYER ADDRESS	
BELMAR, NJ 07714			
CHECK IF CURRENCY <input checked="" type="checkbox"/>	AGGREGATE AMOUNT \$ 100.00	DATE(S) RECEIVED 11/3/17	AMOUNT(S) RECEIVED THIS PERIOD \$ 100.00
OCCUPATION RETIRED			
CONTRIBUTOR NAME ACT BLUE - MICHELLE CANNON		EMPLOYER NAME SELF-EMPLOYED	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS SELF EMPLOYED	
CHECK IF CURRENCY <input checked="" type="checkbox"/>	AGGREGATE AMOUNT \$ 4.00	DATE(S) RECEIVED 4.00	AMOUNT(S) RECEIVED THIS PERIOD \$ 4.00
OCCUPATION RETIRED / SELF EMPLOYED			
CONTRIBUTOR NAME DAVID TAYLOR		EMPLOYER NAME RETIRED	
CONTRIBUTOR ADDRESS 302 11TH AVE.		EMPLOYER ADDRESS	
BELMAR, NJ		FOR EX. LOAN FOR SALE	
CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ LOAN	DATE(S) RECEIVED 10/26/17	AMOUNT(S) RECEIVED THIS PERIOD \$ 160.00 <u>LOAN</u>
OCCUPATION RETIRED			
CONTRIBUTOR NAME JOHN HUTCHINSON		EMPLOYER NAME RETIRED	
CONTRIBUTOR ADDRESS 5 6TH AVE		EMPLOYER ADDRESS	
BELMAR			
CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 21.35	DATE(S) RECEIVED 9/28/17	AMOUNT(S) RECEIVED THIS PERIOD \$ 21.35 <u>LOAN</u>
OCCUPATION RETIRED			
CONTRIBUTOR NAME JANDY TAYLOR		EMPLOYER NAME RETIRED	
CONTRIBUTOR ADDRESS 302 11TH AVE		EMPLOYER ADDRESS	
BELMAR, NJ 07714			
CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 67.60	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$ 67.60 <u>LOAN</u>
OCCUPATION RETIRED			
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	\$ 355.95
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$ SEE NEXT PAGE

SCHEDULE A

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

CONTRIBUTOR NAME DAVID Z. TAYLOR		EMPLOYER NAME RETIRED		
CONTRIBUTOR ADDRESS 302 11TH AVE		EMPLOYER ADDRESS		
BELMAN, NJ.		FED EX MAILING		
<input checked="" type="checkbox"/> CHECK IF CURRENCY	AGGREGATE AMOUNT \$ 100.00	DATE(S) RECEIVED 10/11/17	AMOUNT(S) RECEIVED THIS PERIOD \$ 90.54 <u>LOAN</u>	
OCCUPATION RETIRED				
CONTRIBUTOR NAME TOM BRANTMAN		EMPLOYER NAME BELMAR ELEM SCHOOL		
CONTRIBUTOR ADDRESS 404 11TH AVE.		EMPLOYER ADDRESS		
BELMAR, NJ. 07714		FAC. BOOKS		
<input checked="" type="checkbox"/> CHECK IF CURRENCY	AGGREGATE AMOUNT \$ 166.18	DATE(S) RECEIVED 11/25/17	AMOUNT(S) RECEIVED THIS PERIOD \$ 166.18 <u>LOAN</u>	
OCCUPATION TEACHER				
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				
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	\$ 256.88	
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$ 609.67	

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)			
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	\$ _____

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

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
10/31/17	1010	POST MASTER RED BANK	MAILING POSTAGE	\$ 450.25	\$	\$
11/02/17	1013	KINTECH	ADDRESSING MAILERS	218.67		
11/03/17	1012	ACN GRANITE	PRINTING LABELS	633.43		
11/03/17	1011	ACN SERVICES	WALK CARD PRINTING	736.75		
11/03/17		ACT BLUE ACTIVITIES		1.21		
11/08/17	1014	POSTMASTER RED BANK	360 MAIL POSTAGE	450.25		
11/09/17		ACT BLUE ACTIVITIES		3.71		
(COMPLETE THIS LINE FOR EVERY PAGE USED)				TOTAL, THIS PAGE	\$ 2514.27	\$ 0
(COMPLETE THIS LINE FOR LAST PAGE USED)				GRAND TOTAL	\$ 2514.27	\$ 0

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

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

SCHEDULE E
Outstanding Obligations

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

SCHEDULE F
Refunded Disbursements

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

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

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.)

\$ 4,226.04

Funds Transferred from Prior Campaign

\$ 0

Deposits (Include interest)

\$ 104.00

Disbursements (Include bank charges)

\$ _____

Closing Balance, this Report

\$ 1,816.77

KEARNEY BANK	CAMPAIGN FUND TO Reelect
611 MAIN STREET BELMAR, N.J. 07714	NAME OF ACCOUNT TOM BRENNAN
DAVID Z. TAYLOR	732-749-0034
302 11TH AVE. BELMAR, NJ 07719	*TELEPHONE NUMBER (DAY)
ADDRESS OF BANK OR DEPOSITORY	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.

11/27/17	Thomas W. Brennan	
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
11/27/17	DAVID Z. TAYLOR	
DATE	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.

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)



SINGLE CANDIDATE COMMITTEE - CERTIFICATE OF ORGANIZATION AND DESIGNATION OF CAMPAIGN TREASURER AND DEPOSITORY

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/

FORM D-1
FOR STATE USE ONLY

PLEASE TYPE OR PRINT

Candidate Name
THOMAS W. BRENNAN

Candidate Committee Name
CAMPAIGN TO REELECT TOM BRENNAN

Address (Number and Street, City, State, Zip Code)
404 11TH AVENUE BELMAR, NEW JERSEY 07719

*(Area) Day Telephone **732-829-4433** *(Area) Evening Telephone **732-829-4433**

County **MONMOUTH** Legal Name of Election District or Municipality **BELMAR**

Election Date **11/29/17** Political Party, if any **DEMOCRATIC** Office Sought **BOARD COUNCILMAN**

Election Type: (CHECK ONE)
 Primary General May Municipal Run-Off School Fire District Special
 Amendment Yes No

CHAIRPERSON
 Name **JOHN HUTCHINSON**

Mailing Address
519 6TH AVENUE

City **BELMAR** State **NEW JERSEY** Zip Code **07719**

*(Area) Day Telephone **732-771-5840** *(Area) Evening Telephone **732-771-5840**

TREASURER
 Name **DAVID Z. TAYLOR**

Mailing Address
302 11TH AVE

City **BELMAR** State **NEW JERSEY** Zip Code **07719**

*(Area) Day Telephone **732-749-0034** *(Area) Evening Telephone **732-749-0034**

Resident Address
302 11TH AVE

City **BELMAR** State **NEW JERSEY** Zip Code **07719**

DEPOSITORY INFORMATION
 Name of Bank or Depository **KEARNY BANK**

Mailing Address
611 MAIN STREET

City **BELMAR** State **NEW JERSEY** Zip Code **07719**

(Area) Day Telephone

Account Name **CAMPAIGN FUND TO REELECT TOM BRENNAN** Account Number **221270651-0443302631**

LIST THE NAME(S), MAILING ADDRESS(ES) AND TELEPHONE NUMBER(S) OF ANY PERSON(S) AUTHORIZED TO SIGN CHECKS OR OTHERWISE MAKE TRANSACTIONS

Name JOHN HUTCHINSON		
Mailing Address 519 6TH AVENUE		
City BELMAR	State NEW JERSEY	Zip Code 07719
*(Area) Day Telephone 732-771-5940		*(Area) Evening Telephone 732 771-5840

Name DAVID Z. TAYLOR		
Mailing Address 302 11TH AVE		
City BELMAR, NJ	State NEW JERSEY	Zip Code 07719
*(Area) Day Telephone 732-749-0034		*(Area) Evening Telephone 732-749-0034

Name TOM BRENNAN		
Mailing Address 404 11TH AVENUE		
City BELMAR	State NEW JERSEY	Zip Code 07719
*(Area) Day Telephone 732-829-4433		*(Area) Evening Telephone 732-829-4433

CANDIDATE CERTIFICATION

I certify that the statements on this document are true. I further certify that I have not, and will not during the existence of the candidate committee, establish, authorize the establishment of, maintain, or participate directly or indirectly in the management or control of any political committee or continuing political committee. I am aware that if any of the statements are willfully false, I may be subject to punishment.

11/27/17 THOMAS W. BRENNAN X [Signature]
DATE PRINT FULL NAME (CANDIDATE) SIGNATURE (CANDIDATE)

CHAIRPERSON/TREASURER CERTIFICATION

I certify that the statements on this document are true. I am aware that if any of the statements are willfully false, I may be subject to punishment.

11/27/17 JOHN HUTCHINSON X [Signature]
DATE PRINT FULL NAME (CHAIRPERSON) SIGNATURE (CHAIRPERSON)

11/27/17 DAVID Z. TAYLOR X [Signature]
DATE PRINT FULL NAME (TREASURER) SIGNATURE (TREASURER)

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