

RECEIVED  
3-13-10

<b>FORM R-1</b>		<b>REPORT OF CONTRIBUTIONS AND EXPENDITURES</b>		<b>REPORT (CHECK ONE):</b>		
<b>NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION</b> 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 type="checkbox"/> 20 - DAY POST-ELECTION <input checked="" type="checkbox"/> Apr. 15, <u>2017</u> <input type="checkbox"/> July 15, _____ <input type="checkbox"/> Oct. 15, _____ <input type="checkbox"/> Jan. 15, _____		
CANDIDATE OR COMMITTEE NAME <b>BRIAN MAGOVERN + JANIS KEOWN-BACKB</b>				Amendment Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
STREET ADDRESS <b>207 S. LAKE DRIVE</b>				<b>For State Use Only</b>		
CITY <b>BELMAR</b>		STATE <b>NJ</b>	ZIP CODE <b>07719</b>			
COUNTY <b>MONMOUTH</b>		ELECTION DISTRICT OR MUNICIPALITY <b>BELMAR</b>				
POLITICAL PARTY, IF ANY <b>DEMOCRAT</b>		OFFICE SOUGHT <b>COUNCIL</b>				
ELECTION DATE <b>11/8/16</b>	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		
<b>SUMMARY TABLES</b> DO NOT ATTEMPT TO COMPLETE TABLES I AND II UNTIL APPROPRIATE SCHEDULES HAVE BEEN COMPLETED						
<b>TABLE I. RECEIPTS</b>			<b>THIS REPORT</b>	<b>CUMULATIVE TO DATE</b>		
1. MONETARY CONTRIBUTIONS / LOANS OF \$300 OR LESS			\$ 0	\$ 4350		
2. MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]			\$ 0	\$ 2000		
3. IN-KIND CONTRIBUTIONS OF \$300 OR LESS			\$ 0	\$ 413.29		
4. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]			\$ 0	\$ 2500.		
5. LOANS RECEIVED IN EXCESS OF \$300 AND ALL CURRENCY LOANS [Schedule C]			\$ 0	\$ 6000		
6. SUB TOTAL (ADD LINES 1 THRU 5)			\$ 0	\$ 15,263.29		
7. REFUND OF CONTRIBUTIONS [Adjustment Schedule]			(-) \$ 0	\$ 0		
8. TOTAL CONTRIBUTIONS			\$ 0	\$ 15,263.29		
9. ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN			(+)	\$ 0	\$ 1325	
10. TOTAL RECEIPTS (ADD LINE 8 + LINE 9)			\$ 0	\$ 16,588.29		
<b>TABLE II. EXPENDITURES</b>						
1. DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]			\$ 985.97	\$ 13,675		
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	\$ 413.29		
6. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)			\$ 0	\$ 2500		
7. SUB TOTAL (ADD LINES 1 THRU 6)			\$ 0	\$ 16588.29		
8. REFUNDED DISBURSEMENTS [Schedule F]			(-)	\$ 0	\$ 0	
9. TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)			\$ 985.97	\$ 16588.29		

## SCHEDULE A

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

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				
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	\$ <u>          0          </u>
(COMPLETE THIS LINE FOR LAST PAGE USED)			GRAND TOTAL	\$ <u>          0          </u>

**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)			
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>		<b>TOTAL, THIS PAGE</b>	\$ <u>0</u>
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>		<b>GRAND TOTAL</b>	\$ <u>0</u>

**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			
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			
DATE(S) RECEIVED		AGGREGATE AMOUNT	CHECK IF CURRENCY <input type="checkbox"/>
		\$	
TOTAL AMOUNT OF LOANS RECEIVED THIS REPORT PERIOD		\$ 6	

**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
11/3/17	ETF	ANCHOR TAVERN 713 MAIN ST BEL MAR, NJ 07719	SWEARING-IN CEREMONY AFTER - PARTY	\$ 90.36	\$ 90.36	\$ 90.36
11/18/17	KEADY BANK CHECK # 400200133	BILIAN MARGOVED 207 S. LAKE DRIVE BEL MAR, NJ 07719	PARTIAL REPAY OF LOAN	\$ 895.61	\$ 895.61	\$ 895.61
(COMPLETE THIS LINE FOR EVERY PAGE USED)				TOTAL, THIS PAGE	\$ 985.97	\$ 985.97
(COMPLETE THIS LINE FOR LAST PAGE USED)				GRAND TOTAL	\$ 985.97	\$ 985.97



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

PAYMENT DATE	CHECK NO.	RECIPIENT CANDIDATE/COMMITTEE	ADDRESS	AMOUNT
				\$
TOTAL, THIS PAGE				\$
(COMPLETE THIS LINE FOR EVERY PAGE USED)				
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				
				1. \$ 2. \$ 3. \$



**SCHEDULE E**  
Outstanding Obligations

Date(s)	Creditor's Name	Address	Description	Amount
11/19/16	BRIAN MAGOVRAN 207 S LAKE DR BELMAR, NJ 07719	207 S LAKE DR BELMAR, NJ 07719	LOAN	\$ 6000
	#	# 5104.39	OF LOAN IS <u>FORGIVEN</u>	
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**

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>985.97</u>
Funds Transferred from Prior Campaign	\$ <u>—</u>
Deposits (Include interest)	\$ <u>0</u>
Disbursements (Include bank charges)	\$ <u>985.97</u>
Closing Balance, this Report	\$ <u>0</u>
<u>KEARNY BANK</u> NAME OF BANK OR DEPOSITORY	<u>MAGOVERN-BLACKBURN FOR COUNCIL</u> NAME OF ACCOUNT
<u>611 MAIN STREET, BELMAR, NJ 07719</u> ADDRESS OF BANK OR DEPOSITORY	
<u>BRIAN MAGOVERN</u> NAME OF TREASURER	<u>732-773-0097</u> *TELEPHONE NUMBER (DAY)
<u>207 SLAKE DRIVE, BELMAR, 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>3/10/17</u> DATE	<u>BRIAN MAGOVERN</u> PRINT FULL NAME (CANDIDATE)	<u>Brian Magovern</u> SIGNATURE (CANDIDATE)
<u>9/10/17</u> DATE	<u>JANIS KEOWN-BLACKBURN</u> PRINT FULL NAME (CANDIDATE)	<u>Janis Keown-Blackburn</u> SIGNATURE (CANDIDATE)
<u>3/10/17</u> DATE	<u>BRIAN MAGOVERN</u> PRINT FULL NAME (TREASURER)	<u>Brian Magovern</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# \_\_\_\_\_

### 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>3/10/17</u> DATE	<u>BRIAN MAGOVERN</u> PRINT FULL NAME (CANDIDATE)	<u>Brian Magovern</u> SIGNATURE (CANDIDATE)
<u>9/10/17</u> DATE	<u>JANIS KEOWN-BLACKBURN</u> PRINT FULL NAME (CANDIDATE)	<u>Janis Keown-Blackburn</u> SIGNATURE (CANDIDATE)
<u>3/10/17</u> DATE	<u>BRIAN MAGOVERN</u> PRINT FULL NAME (TREASURER)	<u>Brian Magovern</u> SIGNATURE (TREASURER)