

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 <i>JOHN JEBBECK 2014</i>		Amendment Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
STREET ADDRESS <i>P.O. Box 391</i>		
CITY <i>Belmar</i>	STATE <i>NJ</i>	ZIP CODE <i>07718</i>
COUNTY <i>MONMOUTH</i>	ELECTION DISTRICT OR MUNICIPALITY <i>BOROUGH OF BELMAR</i>	
POLITICAL PARTY, IF ANY <i>REPUBLICAN</i>	OFFICE SOUGHT <i>MAYOR - COUNCIL</i>	
ELECTION DATE <i>Nov 4, 2014</i>	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		
1. MONETARY CONTRIBUTIONS / LOANS OF \$300 OR LESS	\$ <i>6000.00</i>	\$ <i>6000.00</i>
2. MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]	\$ <i>2,500.00</i>	\$ <i>2,500.00</i>
3. IN-KIND CONTRIBUTIONS OF \$300 OR LESS	\$ <i>967.48</i>	\$ <i>967.48</i>
4. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]	\$ <i>533.53</i>	\$ <i>533.53</i>
5. LOANS RECEIVED IN EXCESS OF \$300 AND ALL CURRENCY LOANS [Schedule C]	\$ <i>0</i>	\$ <i>0</i>
6. SUB TOTAL (ADD LINES 1 THRU 5)	\$ <i>10001.01</i>	\$ <i>10001.01</i>
7. REFUND OF CONTRIBUTIONS [Adjustment Schedule] (-)	\$ <i>0</i>	\$ <i>0</i>
8. TOTAL CONTRIBUTIONS	\$ <i>10001.01</i>	\$ <i>10001.01</i>
9. ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)	\$ <i>1150.00</i>	\$ <i>1150.00</i>
10. TOTAL RECEIPTS (ADD LINE 8 + LINE 9)	\$ <i>11,151.01</i>	\$ <i>11,151.01</i>
TABLE II. EXPENDITURES		
1. DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]	\$ <i>9629.00</i>	\$ <i>9629.00</i>
2. DISBURSEMENTS - OTHER [Schedule 2(D)]	\$ <i>0</i>	\$ <i>0</i>
3. DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]	\$ <i>0</i>	\$ <i>0</i>
4. CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)]	\$ <i>0</i>	\$ <i>0</i>
5. IN-KIND CONTRIBUTIONS OF \$300 OR LESS (TABLE I, LINE 3)	\$ <i>967.48</i>	\$ <i>967.48</i>
6. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)	\$ <i>533.53</i>	\$ <i>533.53</i>
7. SUB TOTAL (ADD LINES 1 THRU 6)	\$ <i>11130.01</i>	\$ <i>11130.01</i>
8. REFUNDED DISBURSEMENTS [Schedule F] (-)	\$ <i>0</i>	\$ <i>0</i>
9. TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)	\$ <i>11,130.01</i>	\$ <i>11,130.01</i>

SCHEDULE A

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

CONTRIBUTOR NAME <i>RICHARD WOLANT</i>		EMPLOYER NAME	
CONTRIBUTOR ADDRESS <i>4 INLET TERRACE</i>		EMPLOYER ADDRESS	
<i>BELMAR, N.J. 07719</i>			
<input type="checkbox"/> CHECK IF CURRENCY	<input type="checkbox"/> AGGREGATE AMOUNT \$ <i>500⁰⁰</i>	DATE(S) RECEIVED <i>8/21/14</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>500⁰⁰</i>
OCCUPATION <i>RETIRED</i>			
CONTRIBUTOR NAME <i>FABRIZIA LOREA</i>		EMPLOYER NAME	
CONTRIBUTOR ADDRESS <i>303 OCEAN AVENUE</i>		EMPLOYER ADDRESS	
<i>BELMAR, N.J. 07719</i>			
<input type="checkbox"/> CHECK IF CURRENCY	<input type="checkbox"/> AGGREGATE AMOUNT \$ <i>500⁰⁰</i>	DATE(S) RECEIVED <i>10/8/14</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>500⁰⁰</i>
OCCUPATION <i>RETIRED</i>			
CONTRIBUTOR NAME <i>ELIZABETH MEYER</i>		EMPLOYER NAME <i>SAME - SELF EMPLOYED</i>	
CONTRIBUTOR ADDRESS <i>21640 HIGHWAY 70, SUITE 2C</i>		EMPLOYER ADDRESS	
<i>MANASQUAN, N.J. 08756</i>			
<input type="checkbox"/> CHECK IF CURRENCY	<input type="checkbox"/> AGGREGATE AMOUNT \$ <i>1000⁰⁰</i>	DATE(S) RECEIVED <i>10/24/14</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>1000⁰⁰</i>
OCCUPATION <i>DENTIST</i>			
CONTRIBUTOR NAME <i>VINCENT ASPOTO JR.</i>		EMPLOYER NAME <i>LIBERTY MORTGAGE SERVICES INC.</i>	
CONTRIBUTOR ADDRESS <i>1055 MOUNTAIN RD</i>		EMPLOYER ADDRESS <i>325 S. ALLEN ST.</i>	
<i>MORRIS PLAINS, N.J. 07950</i>		<i>DUNEL N.J. 07801</i>	
<input type="checkbox"/> CHECK IF CURRENCY	<input type="checkbox"/> AGGREGATE AMOUNT \$ <i>500⁰⁰</i>	DATE(S) RECEIVED <i>11/11/14</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>500⁰⁰</i>
OCCUPATION <i>RESIDENTIAL MORTGAGE BROKER</i>			
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	\$ <i>2500⁰⁰</i>
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$ <i>2500⁰⁰</i>

SCHEDULE B

In-Kind Contributions in Excess of \$300

CONTRIBUTOR NAME <i>James Bean</i>		EMPLOYER NAME <i>STAVOLA Inc.</i>	
CONTRIBUTOR ADDRESS <i>62 16th AVENUE</i>		EMPLOYER ADDRESS <i>175 DRIFF RD.</i>	
<i>PELMAR N.J. 07719</i>		<i>TINTON FALLS N.J. 07724</i>	
AGGREGATE AMOUNT \$ <i>533.53</i>		DATE(S) RECEIVED <i>10/8/14</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>533.53</i>
OCCUPATION <i>J.T. DIRECTOR</i>			
DESCRIPTION OF IN-KIND CONTRIBUTION(S) <i>PRINTING AND POSTAGE</i>			
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	\$ <i>533.53</i>
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$ <i>533.53</i>

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		\$	

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
8/12/14	1001	POSTNET PO BOX, N.J.	POSTAGE	\$ 258.22	\$	\$
8/15/14	1002	KITCHEN INC PO BOX 1225 MORRIS, N.J. 07719	PRINTING, POSTAGE	646.95		
9/11/14	1003	KEVIN BELLE PO BOX 552 MORRISQUAN, N.J. 0876	EXPENSE PRINTING	825.00		
9/11/14	1004	FOR THE AMN DMS 30 BYRD AVENUE MORRIS, NJ 08762	TRAVEL, MEALS AND EXPENSES	1065.03		
10/21/14	1005	KITCHEN INC PO BOX 1225 MORRIS, N.J. 07719	PRINTING, POSTAGE	332.75		
10/21/14	1006	POSTNET PO BOX, N.J.	POSTAGE	106.13		
(COMPLETE THIS LINE FOR EVERY PAGE USED)				TOTAL, THIS PAGE	\$ 3234.08	\$
(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
10/02/14	1007	KATZ INC PO BOX 1225 MILL, N.J. 07019	RENTS, ROSSINI	\$ 891.97	\$	\$
10/02/14	1008	POSTMASTER RED BANK, N.J.	POSTAGE	597.05		
10/21/14	1009	KATZ INC. PO BOX 1225 MILL, N.J. 07019	RENTS, ROSSINI	891.97		
10/01/14	1010	POSTMASTER RED BANK, N.J.	POSTAGE	597.05		
10/01/14	1011	KATZ INC PO BOX 1225 MILL, N.J. 07019	RENTS, ROSSINI	342.51		
10/01/14	1012	POSTMASTER RED BANK, N.J.	POSTAGE	137.90		
(COMPLETE THIS LINE FOR EVERY PAGE USED)				TOTAL, THIS PAGE	\$ 2,558.45	\$
(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
10/30/14	1013	TERREN FELBER PO Box 552 MANSOURAN, N.J. 08138	Expansive Session - Lynch	\$ 675.00	\$	\$
10/30/14	1014	KURETA, INC PO Box 225 MILL. N.J. 07019	PRINTS, ACCESSORIES	326.26		
10/30/14	1015	RESTAURANT PO Box 1 N.J.	RESTAURANT	101.29		
11/13/14	1016	Mrs. Terrence Beaumont 705 MAPLE STREET BRIDGE, N.J. 07019	OFFICE	540.00		
TOTAL, THIS PAGE				\$ 1625.55	\$	\$
(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
11/17/14	1017	KERIN BELIER PO BOX 552 MAYAPOWAN, N.J. 08736	SYMPOSIUM - LUNCH	\$ 275.00	\$	\$
11/17/14	1018	TIER REARSON 902 N. AMERICAN ST PHILADELPHIA, PA 19123	SYMPOSIUM - LUNCH	\$ 500.00	\$	\$
11/17/14	1019	MICHAEL DEBROCK 700 TWO AVENUE BRIDGE, N.J. 07719	FINANCEMENT THE FOOD AND BEVERAGES	\$ 535.92	\$	\$
TOTAL, THIS PAGE				\$ 1,310.92	\$	\$
(COMPLETE THIS LINE FOR LAST PAGE USED)				GRAND TOTAL	\$ 1,310.92	\$

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

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) 				 \$
(COMPLETE THIS LINE FOR EVERY PAGE USED)				TOTAL, THIS PAGE \$ _____
COMPLETE THE FOLLOWING LINES FOR LAST PAGE USED:				1. \$ _____
SCHEDULE 3(D) GRAND TOTAL				2. \$ _____ (+)
ADD THE "PRO - RATA AMOUNT OTHERS" COLUMN FROM SCHEDULES 1(D) AND 2(D)				3. \$ _____
GRAND TOTAL OF CONTRIBUTIONS MADE TO AND ON BEHALF OF CANDIDATES/COMMITTEES				\$ _____

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.) \$ 0

Funds Transferred from Prior Campaign \$ 1150.00

Deposits (Include interest) \$ 8500.00

Disbursements (Include bank charges) \$ 9650.00

Closing Balance, this Report \$ 0

Ocean First Bank BEAN-STERECK 2014
 NAME OF BANK OR DEPOSITORY NAME OF ACCOUNT

2401 R. 71, SPRING LAKE HEIGHTS, N.J. 07762
 ADDRESS OF BANK OR DEPOSITORY

John Yanniuzzi 732-681-6791
 NAME OF TREASURER *TELEPHONE NUMBER (DAY)

229 16TH AVENUE, BELMAR, N.J. 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>11/21/14</u> DATE	<u>JAMES BEAN</u> PRINT FULL NAME (CANDIDATE)	<u>[Signature]</u> SIGNATURE (CANDIDATE)
<u>11/21/14</u> DATE	<u>MICHAEL STERECK</u> PRINT FULL NAME (CANDIDATE)	<u>[Signature]</u> SIGNATURE (CANDIDATE)
<u>11/21/14</u> DATE	<u>JOHN YANNIUZZI</u> PRINT FULL NAME (TREASURER)	<u>[Signature]</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>11/21/14</u> DATE	<u>JAMES BEAN</u> PRINT FULL NAME (CANDIDATE)	<u>[Signature]</u> SIGNATURE (CANDIDATE)
<u>11/21/14</u> DATE	<u>MICHAEL STERECK</u> PRINT FULL NAME (CANDIDATE)	<u>[Signature]</u> SIGNATURE (CANDIDATE)
<u>11/21/14</u> DATE	<u>JOHN YANNIUZZI</u> PRINT FULL NAME (TREASURER)	<u>[Signature]</u> SIGNATURE (TREASURER)