

FORM R-1	REPORT OF CONTRIBUTIONS AND EXPENDITURES	REPORT (CHECK ONE): <input type="checkbox"/> 29 - DAY PRE-ELECTION <input checked="" type="checkbox"/> 11 - DAY PRE-ELECTION <input 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 <i>Thomas E Burke (Committee to Elect)</i>		
STREET ADDRESS <i>608 10th Avenue</i>		Amendment Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
CITY <i>Belmar</i>	STATE <i>NJ</i>	ZIP CODE <i>07719</i>
COUNTY <i>Monmouth</i>	ELECTION DISTRICT OR MUNICIPALITY <i>Belmar</i>	
POLITICAL PARTY, IF ANY <i>Republican</i>	OFFICE SOUGHT <i>Councilman</i>	
ELECTION DATE <i>11/3/2015</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

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	\$ 350	\$ 700
2. MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]	\$ 0	\$ 1000
3. IN-KIND CONTRIBUTIONS OF \$300 OR LESS	\$	\$
4. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]	\$	\$
5. LOANS RECEIVED IN EXCESS OF \$300 AND ALL CURRENCY LOANS [Schedule C]	\$	\$
6. SUB TOTAL (ADD LINES 1 THRU 5)	\$ 350	\$ 1700
7. REFUND OF CONTRIBUTIONS [Adjustment Schedule] (-)	\$ 200	\$ 200
8. TOTAL CONTRIBUTIONS	\$ \$150	\$ 1500
9. ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)	\$ 0	\$ 740
10. TOTAL RECEIPTS (ADD LINE 8 + LINE 9)	\$ 150	\$ 2240

TABLE II. EXPENDITURES	THIS REPORT	CUMULATIVE TO DATE
1. DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]	\$ 18480	\$ 229786
2. DISBURSEMENTS - OTHER [Schedule 2(D)]	\$ 0	\$ 0
3. DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]	\$	\$
4. CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)]	\$	\$
5. IN-KIND CONTRIBUTIONS OF \$300 OR LESS (TABLE I, LINE 3)	\$	\$
6. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)	\$	\$
7. SUB TOTAL (ADD LINES 1 THRU 6)	\$ 18480	\$ 229786
8. REFUNDED DISBURSEMENTS [Schedule F] (-)	\$ 0	\$ 0
9. TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)	\$ 18480	\$ 229786

SCHEDULE A

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

CONTRIBUTOR NAME Brian Downey			EMPLOYER NAME Self	
CONTRIBUTOR ADDRESS 606 10th Avenue			EMPLOYER ADDRESS	
Belmar, NJ				
OCCUPATION Accountant	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 100 ⁻	DATE(S) RECEIVED 10/12/2015	AMOUNT(S) RECEIVED THIS PERIOD \$ 100 ⁰⁰
CONTRIBUTOR NAME John Kelliher			EMPLOYER NAME Retired - State of New Jersey	
CONTRIBUTOR ADDRESS 5 McKinley Avenue			EMPLOYER ADDRESS John Fitch Plaza,	
Yardley, PA 19067			Trenton, NJ 08625	
OCCUPATION Administrator - Retired	CHECK IF CURRENCY <input checked="" type="checkbox"/>	AGGREGATE AMOUNT \$ 100 ⁻	DATE(S) RECEIVED 10/15/2015	AMOUNT(S) RECEIVED THIS PERIOD \$ 100 ⁻
CONTRIBUTOR NAME Doris Russell			EMPLOYER NAME None	
CONTRIBUTOR ADDRESS 2912 Johnson Ave			EMPLOYER ADDRESS	
Wall, NJ 07719				
OCCUPATION Retired	CHECK IF CURRENCY <input checked="" type="checkbox"/>	AGGREGATE AMOUNT \$ 50 ⁻	DATE(S) RECEIVED 10/4/2015	AMOUNT(S) RECEIVED THIS PERIOD \$ 50 ⁰⁰
CONTRIBUTOR NAME Mike Malone			EMPLOYER NAME USN Retired	
CONTRIBUTOR ADDRESS 604 10th Avenue			EMPLOYER ADDRESS	
Belmar, NJ 07719				
OCCUPATION Retired	CHECK IF CURRENCY <input checked="" type="checkbox"/>	AGGREGATE AMOUNT \$ 60 ⁻	DATE(S) RECEIVED 10/4/2015	AMOUNT(S) RECEIVED THIS PERIOD \$ 60 ⁻
CONTRIBUTOR NAME David Itabey			EMPLOYER NAME Retired US Government	
CONTRIBUTOR ADDRESS 504 15th Ave			EMPLOYER ADDRESS	
Belmar, NJ 07719				
OCCUPATION	CHECK IF CURRENCY <input checked="" type="checkbox"/>	AGGREGATE AMOUNT \$ 20 ⁻	DATE(S) RECEIVED 10/3/2015	AMOUNT(S) RECEIVED THIS PERIOD \$ 20 ⁻
(COMPLETE THIS LINE FOR EVERY PAGE USED)			TOTAL, THIS PAGE	\$ 330 ⁰⁰
(COMPLETE THIS LINE FOR LAST PAGE USED)			GRAND TOTAL	\$

SCHEDULE A

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

CONTRIBUTOR NAME <i>Mary McGill</i>			EMPLOYER NAME <i>Housewife</i>	
CONTRIBUTOR ADDRESS <i>Allenwood Road</i>			EMPLOYER ADDRESS <i>None</i>	
<i>Wall, NJ 07719</i>				
	CHECK IF CURRENCY <input checked="" type="checkbox"/>	AGGREGATE AMOUNT \$ <i>20</i>	DATE(S) RECEIVED <i>10/3/2015</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>20</i>
OCCUPATION <i>Housewife</i>				
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	\$ <i>20</i>
(COMPLETE THIS LINE FOR LAST PAGE USED)			GRAND TOTAL	\$ <i>350</i>

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	\$

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		\$	

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
9/18/15	Debit	USPO - Belmar west	Stamps	\$ 19.80	\$	\$
10/6/15	Debit	Keutock - West NJ 2400 Belmar Blvd	Copies of NYgen " Fallfest	50 35		
9/30/15	CK107	Keutock				
10/16	Debit	Flowers Bank 608 10th Belmar	Loan Payment	\$20-		
(COMPLETE THIS LINE FOR EVERY PAGE USED)				TOTAL, THIS PAGE	\$ 184 00	\$
(COMPLETE THIS LINE FOR LAST PAGE USED)				GRAND TOTAL	\$ 184 00	\$

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					\$

ADJUSTMENT SCHEDULE

Refund of Contributions

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	REFUNDED AMOUNT
10-9-2015	108	Gang Rich - Morris Ave Spring, Lake, Nj	\$ 200 ⁻
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	\$ 200 ⁻
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$ 200 ⁻

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.)

\$ 76⁹⁴

Funds Transferred from Prior Campaign

\$ 0

Deposits (Include interest)

\$ 350

Disbursements (Include bank charges)

Schedule 0 + adjustment schedule →

\$ 384⁸⁰

Closing Balance, this Report

\$ 420¹⁴

TD Bank Rt 35 North, Wall, NJ, 07719 Committee to Elect Thomas E Burke
NAME OF BANK OR DEPOSITORY NAME OF ACCOUNT

Rt 35 North, Wall, NJ Committee to Elect Thomas E Burke
ADDRESS OF BANK OR DEPOSITORY

Gail E Burke
NAME OF TREASURER

*TELEPHONE NUMBER (DAY)

2614 18th Avenue, Wall, NJ 07719
ADDRESS OF TREASURER

732 890 4632

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.

10/20/2015
DATE

Thomas E Burke
PRINT FULL NAME (CANDIDATE)

[Signature]
SIGNATURE (CANDIDATE)

DATE

PRINT FULL NAME (CANDIDATE)

SIGNATURE (CANDIDATE)

1
DATE

PRINT FULL NAME (CANDIDATE)

SIGNATURE (CANDIDATE)

10/20/2015
DATE

Gail E. Burke
PRINT FULL NAME (TREASURER)

[Signature]
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.

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)