

RECEIVED
R-02-15

FORM R-1	REPORT OF CONTRIBUTIONS AND EXPENDITURES	REPORT (CHECK ONE): <input checked="" type="checkbox"/> 29 - DAY PRE-ELECTION <input 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>Committee to elect Thomas E Bunke</i>		
STREET ADDRESS <i>PO Box 1114</i>		Amendment Yes <input type="checkbox"/> No <input type="checkbox"/>
CITY <i>Belmar</i>	STATE <i>NJ</i>	ZIP CODE <i>07719</i>
COUNTY <i>Morristown</i>	ELECTION DISTRICT OR MUNICIPALITY <i>Belmar</i>	
POLITICAL PARTY, IF ANY <i>Republican</i>	OFFICE SOUGHT <i>Councilman</i>	
ELECTION DATE	ELECTION TYPE (CHECK ONE) <input type="checkbox"/> PRIMARY <input type="checkbox"/> MAY MUNICIPAL <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> RUN-OFF	<input type="checkbox"/> SCHOOL <input type="checkbox"/> SPECIAL <input type="checkbox"/> FIRE DISTRICT
SUMMARY TABLES DO NOT ATTEMPT TO COMPLETE TABLES I AND II UNTIL APPROPRIATE SCHEDULES HAVE BEEN COMPLETED		
TABLE I. RECEIPTS		
1. MONETARY CONTRIBUTIONS / <u>LOANS</u> RECEIVED OR LESS	THIS REPORT	CUMULATIVE TO DATE
2. MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]	\$ 340 ⁻	\$ 340 ⁻
3. IN-KIND CONTRIBUTIONS OF \$300 OR LESS	\$ 1528	\$ 1528
4. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]	\$ 247 ¹⁰	\$ 247 ¹⁰
5. LOANS RECEIVED IN EXCESS OF \$300 AND ALL CURRENCY LOANS [Schedule C]	\$ 0	\$ 0
6. SUB TOTAL (ADD LINES 1 THRU 5)	\$ 0	\$ 0
7. REFUND OF CONTRIBUTIONS [Adjustment Schedule] (-)	\$ 2115 ¹⁰	\$ 2115 ¹⁰
8. TOTAL CONTRIBUTIONS	\$ *	\$ *
9. ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)	\$ 2115 ¹⁰	\$ 2115 ¹⁰
10. TOTAL RECEIPTS (ADD LINE 8 + LINE 9)	\$ 0	\$ 0
	\$ 2115 ¹⁰	\$ 2115 ¹⁰
TABLE II. EXPENDITURES		
1. DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]	\$ 2113.06	\$ 2113.06
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)	\$ 2113.06	\$ 2113.06
8. REFUNDED DISBURSEMENTS [Schedule F] (-)	\$ 0	\$ 0
9. TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)	\$ 2113.06	\$ 2113.06

* 200 Pending see Schedule E

SCHEDULE A

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

CONTRIBUTOR NAME <i>Serina Dimoso</i>		EMPLOYER NAME <i>Morris County</i>	
CONTRIBUTOR ADDRESS <i>Humboldt, NJ 34 Dulane</i>		EMPLOYER ADDRESS <i>Hall of Records</i>	
<i>07733-1672</i>		<i>Freehold, NJ</i>	
<input type="checkbox"/> CHECK IF CURRENCY	<input type="checkbox"/> AGGREGATE AMOUNT \$ <i>100</i>	DATE(S) RECEIVED <i>6/30/15</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>100</i>
OCCUPATION <i>Lawyer / Freeholder</i>			
CONTRIBUTOR NAME <i>Joyce Ciarella</i>		EMPLOYER NAME <i>Retired</i>	
CONTRIBUTOR ADDRESS <i>608 10th Avenue</i>		EMPLOYER ADDRESS	
<i>Belmar, NJ 07719</i>			
<input type="checkbox"/> CHECK IF CURRENCY	<input type="checkbox"/> AGGREGATE AMOUNT \$ <i>625</i>	DATE(S) RECEIVED <i>7/13/2015</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>125⁰⁰</i>
OCCUPATION			
CONTRIBUTOR NAME <i>Wilson Walton Int, Inc</i>		EMPLOYER NAME	
CONTRIBUTOR ADDRESS <i>3349 Rt 138</i>		EMPLOYER ADDRESS <i>3349 Rt 138</i>	
<i>Wall NJ 07719</i>		<i>Manne Products</i>	
<input type="checkbox"/> CHECK IF CURRENCY	<input type="checkbox"/> AGGREGATE AMOUNT \$ <i>500</i>	DATE(S) RECEIVED <i>7/13/2015</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>500</i>
OCCUPATION <i>Manne Products</i>			
CONTRIBUTOR NAME <i>Gary Rich</i>		EMPLOYER NAME <i>Committee for Gary Rich (*)</i>	
CONTRIBUTOR ADDRESS <i>500 Morris Avenue</i>		EMPLOYER ADDRESS <i>Hall of Records</i>	
<i>Spring Lake NJ 07762-1322</i>		<i>Freehold, NJ</i>	
<input type="checkbox"/> CHECK IF CURRENCY	<input type="checkbox"/> AGGREGATE AMOUNT \$ <i>200</i>	DATE(S) RECEIVED <i>7/16/2015</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>200 (*)</i>
OCCUPATION <i>Freeholder</i>			
CONTRIBUTOR NAME <i>Karen + Spencer Hewlett</i>		EMPLOYER NAME	
CONTRIBUTOR ADDRESS <i>607 5th Ave</i>		EMPLOYER ADDRESS	
<i>Belmar, NJ 07719</i>			
<input type="checkbox"/> CHECK IF CURRENCY	<input type="checkbox"/> AGGREGATE AMOUNT \$ <i>50</i>	DATE(S) RECEIVED <i>8/12/2015</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>50</i>
OCCUPATION <i>Retired</i>			
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	\$ <i>975⁰⁰</i>
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$

SCHEDULE A

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

CONTRIBUTOR NAME <i>Jeffrey Ciarella</i>		EMPLOYER NAME <i>Perfect Nutrition</i>		
CONTRIBUTOR ADDRESS <i>3600 Long Ridge Ave Sherman Oaks, Ca</i>		EMPLOYER ADDRESS <i>Van Nuys, CA</i>		
	CHECK IF CURRENCY <input checked="" type="checkbox"/>	AGGREGATE AMOUNT \$ <i>300⁻</i>	DATE(S) RECEIVED <i>5/1/15</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>300⁻</i>
OCCUPATION <i>CEO</i>				
CONTRIBUTOR NAME <i>Anthony Crandell</i>		EMPLOYER NAME <i>Retired</i>		
CONTRIBUTOR ADDRESS <i>Lamoni, Iowa 50140</i>		EMPLOYER ADDRESS		
	CHECK IF CURRENCY <input checked="" type="checkbox"/>	AGGREGATE AMOUNT \$ <i>50</i>	DATE(S) RECEIVED <i>5/2/2015</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>50⁻</i>
OCCUPATION <i>Retired</i>				
CONTRIBUTOR NAME <i>Noel Jones</i>		EMPLOYER NAME <i>Retired</i>		
CONTRIBUTOR ADDRESS <i>OES Home, Eisenhower Ave</i>		EMPLOYER ADDRESS		
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ <i>25⁻</i>	DATE(S) RECEIVED <i>5/3/2015</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>25^{cc}</i>
OCCUPATION <i>Retired</i>				
CONTRIBUTOR NAME <i>Matthew Rousseau</i>		EMPLOYER NAME <i>Retired</i>		
CONTRIBUTOR ADDRESS <i>689 Doloro, Dr</i>		EMPLOYER ADDRESS		
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ <i>25^{cc}</i>	DATE(S) RECEIVED <i>5/3/2015</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>25^{cc}</i>
OCCUPATION <i>Retired</i>				
CONTRIBUTOR NAME <i>Joyce Ciarella</i>		EMPLOYER NAME <i>Retired att</i>		
CONTRIBUTOR ADDRESS <i>608 10th Avenue</i>		EMPLOYER ADDRESS		
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ <i>500⁻</i>	DATE(S) RECEIVED <i>6/30/2015</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>500⁻</i>
OCCUPATION <i>Retired</i>				
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	\$ <i>900⁻</i>	
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$ <i>1875⁻</i>	

SCHEDULE B

In-Kind Contributions in Excess of \$300

CONTRIBUTOR NAME <i>Thomas Burke</i>		EMPLOYER NAME <i>Retired</i>	
CONTRIBUTOR ADDRESS <i>608 10th Ave</i>		EMPLOYER ADDRESS	
<i>Belmar, NJ 07719</i>			
AGGREGATE AMOUNT \$ <i>40</i>	DATE(S) RECEIVED <i>2/18/2015</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>40</i>	
OCCUPATION <i>Retired</i>			
DESCRIPTION OF IN-KIND CONTRIBUTION(S) <i>PA 40 - Postoffice Box Rental 6 months Sa Committee</i>			
CONTRIBUTOR NAME <i>Thomas Burke</i>		EMPLOYER NAME <i>Retired</i>	
CONTRIBUTOR ADDRESS <i>608 10th Avenue</i>		EMPLOYER ADDRESS	
<i>Belmar, NJ 07719</i>			
AGGREGATE AMOUNT \$ <i>5960</i>	DATE(S) RECEIVED <i>9/18/2015</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>1960</i>	
OCCUPATION <i>Retired</i>			
DESCRIPTION OF IN-KIND CONTRIBUTION(S) <i>Postage for Mailer to New Yorkers Since 2/1/2015</i>			
CONTRIBUTOR NAME <i>Thomas Burke</i>		EMPLOYER NAME <i>Retired</i>	
CONTRIBUTOR ADDRESS <i>608 10th Avenue</i>		EMPLOYER ADDRESS	
<i>Belmar NJ 07719</i>			
AGGREGATE AMOUNT \$ <i>247.00</i>	DATE(S) RECEIVED <i>9/20/2015</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>107.50</i>	
OCCUPATION <i>Retired</i>			
DESCRIPTION OF IN-KIND CONTRIBUTION(S) <i>50 Lawn Signs from Prior Campaign - now in Box @ 3.75 Each</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)			
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	\$ <i>247.00</i>
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$ <i>247.00</i>

SCHEDULE C
Loans Received in Excess of \$500 and All Currency Loans

LENDER NAME <i>Thomas E Burke</i>		EMPLOYER NAME <i>Retired</i>	
LENDER ADDRESS <i>608 10th Avenue</i>		EMPLOYER ADDRESS	
<i>Belmar, NJ 07719</i>			
OCCUPATION <i>Retired</i>			
CO-SIGNER NAME		EMPLOYER NAME	
CO-SIGNER ADDRESS		EMPLOYER ADDRESS	
OCCUPATION		AMOUNT(S) RECEIVED THIS PERIOD \$ <i>180⁰⁰</i>	
DATE(S) RECEIVED <i>2/14/15; 2/17/15; 5/5/15</i>	AGGREGATE AMOUNT \$ <i>180⁰⁰</i>	CHECK IF CURRENCY <input checked="" type="checkbox"/>	
LENDER NAME <i>Gail E Burke</i>		EMPLOYER NAME <i>Retired</i>	
LENDER ADDRESS <i>2614 18th Avenue</i>		EMPLOYER ADDRESS	
<i>Wall, NJ 07719</i>			
OCCUPATION <i>Retired</i>			
CO-SIGNER NAME		EMPLOYER NAME	
CO-SIGNER ADDRESS		EMPLOYER ADDRESS	
OCCUPATION		AMOUNT(S) RECEIVED THIS PERIOD \$ <i>160⁰⁰</i>	
DATE(S) RECEIVED <i>5/7/15</i>	AGGREGATE AMOUNT \$ <i>160⁰⁰</i>	CHECK IF CURRENCY <input type="checkbox"/>	
TOTAL AMOUNT OF LOANS RECEIVED THIS REPORT PERIOD		\$ <i># 340⁰⁰</i>	

ADJUSTMENT SCHEDULE

Refund of Contributions

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	REFUNDED AMOUNT
10/10/2015	Pending	Gary Rich - PAC account Committee for Gary Rich 500 Morris Avenue Spring Lake NJ	\$ 200 - Pending *
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	\$ 200 Pending
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$ 200 Pending

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
2/19/15	Cash	Wall Branch USPO	PO Box Rental 6-mo	\$ 40 ⁻	\$	\$
2/27/15	Debit	Harland eLanckle Co	Bank acct checks	37 ³⁵		
3/3/15	"	Service Fee Bank	Service fee	8 ⁻		
4/24/15	"	TD Bank	"	160 ⁷⁰		
5/7/15	101	Red Bank Postmaster	Postage fees marker	485 ⁰²		
5/8/15	102	Kentech PO Box 1225 Wall	Printing & Disbursement	8 ⁻		
5/24/15	Debit	TD Bank	Service fee	8 ⁻		
6/30/15	"	TD	"	100 ⁻		
7/20/15	103	Tom Bank - Belmar	Byington Loan	100 ⁻		
7/21/15	104	Gail Bank wall	"	554 ⁰⁰		
7/22/15	191	Kentech Box 1225 Wall	Printing of flier	409 ¹⁰		
7/28/15	192	Red Bank Postmaster	Mailing of Flyer	48 ⁻		
8/5/15	105	wall Postoffice	Stamps for New Voters	41 ⁻		
8/13/15	Debit	wall " "	Box Rental 6-mo	8 ⁻		
8/31/15	"	TD Bank	Service fee	8 ⁻		
7/31/15	"	TD	"	8 ⁻		
9/30/15	"	TD	"			
(COMPLETE THIS LINE FOR EVERY PAGE USED)				\$ 2113.06	\$	\$
(COMPLETE THIS LINE FOR LAST PAGE USED)				\$ 2113.06	\$	\$
TOTAL, THIS PAGE				\$ 2113.06	\$	\$
GRAND TOTAL				\$ 2113.06	\$	\$

SCHEDULE E
Outstanding Obligations

Date(s)	Creditor's Name	Address	Description	Amount
10/1/2015	Committee for Gary Rich	500 Morris Ave Springs, Lakewood, NJ	PAC # Return	\$ 200 ⁻
10/2/2015	Gail Bunce	2614 18th Ave Will	Loan Balance	60 ⁻
10/2/15	Thomas Bunce	608 10th Belmar	" "	80 ⁻
TOTAL OUTSTANDING OBLIGATIONS				\$ 340 ⁻

SCHEDULE F
Refunded Disbursements

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

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

\$ 0

Deposits (Include interest)

\$ 2115¹⁰

Disbursements (Include bank charges)

\$ 2113.06



Closing Balance, this Report

\$ (42.43) 41.94

<u>TD Bank</u>	NAME OF ACCOUNT
<u>Rt 35 North, Wall NJ 07719</u>	<u>Committee To Elect Thomas Burke</u>
<u>Gail E. Burke</u>	NAME OF TREASURER
<u>26 (4) 18th Avenue Wall NJ 07719</u>	ADDRESS OF TREASURER
	*TELEPHONE NUMBER (DAY) <u>732-890-9632</u>

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>10/2/2015</u> DATE	<u>Thomas E Burke</u> PRINT FULL NAME (CANDIDATE)	 SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
<u>10/2/2015</u> DATE	<u>Gail E. Burke</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.

_____ 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)