

RECEIVED
10-21-15

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 Burke</i>					
STREET ADDRESS <i>Po Box 1114</i>				Amendment Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
CITY <i>Wall</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 <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 ⁻	\$ 350 ⁻
2. MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]	\$ 1000	\$ 1000
3. IN-KIND CONTRIBUTIONS OF \$300 OR LESS	\$ ϕ	\$ ϕ
4. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]	\$ ϕ	\$ ϕ
5. LOANS RECEIVED IN EXCESS OF \$300 AND ALL CURRENCY LOANS [Schedule C]	\$ 100	\$ 100
6. SUB TOTAL (ADD LINES 1 THRU 5)	\$ 1450 ⁻	\$ 1450 ⁻
7. REFUND OF CONTRIBUTIONS [Adjustment Schedule] (-)	\$ ϕ	\$ ϕ
8. TOTAL CONTRIBUTIONS	\$ 1450 ⁻	\$ 1450 ⁻
9. ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)	\$ 740	\$ 740 ⁻
10. TOTAL RECEIPTS (ADD LINE 8 + LINE 9)	\$ 2190	\$ 2190

TABLE II. EXPENDITURES	THIS REPORT	CUMULATIVE TO DATE
1. DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]	\$ 2113.06	\$ 2113.06
2. DISBURSEMENTS - OTHER [Schedule 2(D)]	\$ ϕ	\$ ϕ
3. DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]	\$ ϕ	\$ ϕ
4. CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)]	\$ ϕ	\$ ϕ
5. IN-KIND CONTRIBUTIONS OF \$300 OR LESS (TABLE I, LINE 3)	\$ ϕ	\$ ϕ
6. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)	\$ ϕ	\$ ϕ
7. SUB TOTAL (ADD LINES 1 THRU 6)	\$ 2113.06	\$ 2113.06
8. REFUNDED DISBURSEMENTS [Schedule F] (-)	\$ ϕ	\$ ϕ
9. TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)	\$ 2113.06	\$ 2113.06

SCHEDULE A

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

CONTRIBUTOR NAME <i>Joyce Ciarella</i>			EMPLOYER NAME	
CONTRIBUTOR ADDRESS <i>608 10th Avenue</i>			EMPLOYER ADDRESS	
<i>Belmar, NJ 07719</i>				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ <i>500</i>	DATE(S) RECEIVED <i>6/30/15</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>500</i>
OCCUPATION <i>Retired</i>				
CONTRIBUTOR NAME <i>Sonia Dimaso</i>			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 <i>Sonia Dimaso</i>			EMPLOYER NAME	
CONTRIBUTOR ADDRESS <i>39 Dial Lane</i>			EMPLOYER ADDRESS	
<i>Homdel, NJ 07733-1672</i>				
	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>Jeweler/Freelholder</i>				
CONTRIBUTOR NAME <i>Wilson Walton, International, Inc</i>			EMPLOYER NAME	
CONTRIBUTOR ADDRESS <i>3349 Rt 138</i>			EMPLOYER ADDRESS	
<i>Wall, NJ, 07719</i>				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ <i>500</i>	DATE(S) RECEIVED <i>7/13/15</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>500</i>
OCCUPATION				
CONTRIBUTOR NAME <i>Jary Rich</i>			EMPLOYER NAME	
CONTRIBUTOR ADDRESS <i>500 Morris Avenue</i>			EMPLOYER ADDRESS	
<i>Spring Lake, NJ 07762-1322</i>				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ <i>200</i>	DATE(S) RECEIVED <i>7/16/15</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>200</i>
OCCUPATION <i>Retired/Freelholder</i>				
(COMPLETE THIS LINE FOR EVERY PAGE USED)			TOTAL, THIS PAGE	\$ <i>1300</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>Karen & Spencer Hewlett</i>			EMPLOYER NAME	
CONTRIBUTOR ADDRESS <i>607 5th Avenue</i>			EMPLOYER ADDRESS	
Belmar, NJ 07719				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ <i>50</i>	DATE(S) RECEIVED <i>8/12/15</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>50</i>
OCCUPATION <i>Retired</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>50</i>
(COMPLETE THIS LINE FOR LAST PAGE USED)			GRAND TOTAL	\$ <i>1350</i>

SCHEDULE C
Loans Received in Excess of \$300 and All Currency Loans

LENDER NAME <i>Thomas Burke</i>		EMPLOYER NAME	
LENDER ADDRESS <i>608 10th Avenue</i>		EMPLOYER ADDRESS	
<i>Bolmar NJ 07719</i>			
OCCUPATION <i>Retired</i>			
CO-SIGNER NAME		EMPLOYER NAME	
CO-SIGNER ADDRESS		EMPLOYER ADDRESS	
OCCUPATION		AMOUNT(S) RECEIVED THIS PERIOD	
		\$	
DATE(S) RECEIVED <i>6/15/15</i>	AGGREGATE AMOUNT \$ <i>100</i>	CHECK IF CURRENCY <input checked="" 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
2/18/15	Cash	US Postoffice - wall	PO Box Rental 6mo	\$ 40-	\$	\$
2/27/15	Debit	Handland Bank Check Co.	Bank checks	37.35		
3/3/15	"	Bank fees TD Bank Wall, NJ	Bank fees	8-		
4/30/15	"	TD Bank P435 wall NJ	" "	8-		
5/7/15	101	Postwestern, Red Bank NJ	Postage	16072		
5/8/15	102	Kentock Printing Box 225 Wall NJ 07719	Printing	48502		
5/29/15	Debit	TD Bank - wall NJ	Service fee	8-		
6/30/15	"	" " "	" "	8-		
7/20/15	103	TD Bank 604100th Belmar, NJ	Loan Repayment	100-		
7/21/15	104	Wall Bank 261415th Wall, NJ	" "	100		
7/22/15	191	Kentock Printing PO Box 1225 wall NJ	Printing of matter	55480		
7/28/15	192	Postwestern Red Bank NJ	Postage matter	489 16		
8/5/15	105	Wall Postoffice wall NJ	Post Amps used voters	49-		
8/13/15	Debit	PO Box Wall, NJ	Box Rental	41		
(COMPLETE THIS LINE FOR EVERY PAGE USED)				TOTAL, THIS PAGE	\$ 2089.06	\$
(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
8/31/15	Debit	TD Bank	Service fee	\$ 8-	\$	\$
7/3/15	"	"	"	\$ 8-		
9/30/15	"	"	"	\$ 8-		
(COMPLETE THIS LINE FOR EVERY PAGE USED)				TOTAL, THIS PAGE	\$ 24-	\$
(COMPLETE THIS LINE FOR LAST PAGE USED)				GRAND TOTAL	\$ 213.06	\$

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

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
			\$
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	\$ _____
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND 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)	\$ <u>0</u>
Funds Transferred from Prior Campaign	\$ <u>740⁻</u>
Deposits (Include interest)	\$ <u>1450⁻</u>
Disbursements (Include bank charges)	\$ <u>2113.06</u>
Closing Balance, this Report	\$ <u>7694</u>

<u>TD Bank</u>	NAME OF ACCOUNT
<u>Route 35 North Wall, NJ 07719</u>	<u>Committee to Elect Thomas E Burke</u>
ADDRESS OF BANK OR DEPOSITORY	
<u>Gail E Burke</u>	
NAME OF TREASURER	
<u>2614 18th Avenue Wall NJ 07719</u>	*TELEPHONE NUMBER (DAY)
ADDRESS OF TREASURER	
	<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>10/20/2015</u> DATE	<u>Thomas E Burke</u> PRINT FULL NAME (CANDIDATE)	 SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
<u>10/20/2015</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)