

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>Mark and Josh for Belmar Council</i>		Amendment Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> For State Use Only
STREET ADDRESS <i>P.O. Box 163</i>		
CITY <i>Belmar</i>	STATE <i>NJ</i>	ZIP CODE <i>07719</i>
COUNTY <i>Monmouth</i>	ELECTION DISTRICT OR MUNICIPALITY <i> Borough of Belmar</i>	
POLITICAL PARTY, IF ANY <i>REPUBLICAN</i>	OFFICE SOUGHT <i>Council</i>	
ELECTION DATE <i>Nov. 8, 2016</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>100.00</i>	\$ <i>6125.00</i>
2. MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]	\$ <i>1000.00</i>	\$ <i>7100.00</i>
3. IN-KIND CONTRIBUTIONS OF \$300 OR LESS	\$	\$ <i>209.80</i>
4. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]	\$	\$
5. LOANS RECEIVED IN EXCESS OF \$300 AND ALL CURRENCY LOANS [Schedule C]	\$	\$ <i>2118.67</i>
6. SUB TOTAL (ADD LINES 1 THRU 5)	\$ <i>1100.00</i>	\$ <i>16153.47</i>
7. REFUND OF CONTRIBUTIONS [Adjustment Schedule] (-)	\$	\$
8. TOTAL CONTRIBUTIONS	\$ <i>1100.00</i>	\$ <i>16153.47</i>
9. ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)	\$	\$ <i>447.63</i>
10. TOTAL RECEIPTS (ADD LINE 8 + LINE 9)	\$ <i>1100.00</i>	\$ <i>16601.10</i>
TABLE II. EXPENDITURES		
1. DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]	\$ <i>812.80</i>	\$ <i>8382.10</i>
2. DISBURSEMENTS - OTHER [Schedule 2(D)]	\$	\$
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)	\$	\$ <i>209.80</i>
6. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)	\$	\$
7. SUB TOTAL (ADD LINES 1 THRU 6)	\$ <i>812.80</i>	\$ <i>8591.90</i>
8. REFUNDED DISBURSEMENTS [Schedule F] (-)	\$	\$
9. TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)	\$ <i>812.80</i>	\$ <i>8591.90</i>

SCHEDULE A

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

CONTRIBUTOR NAME <i>WALSHEE LEASING</i>			EMPLOYER NAME <i>N/A</i>	
CONTRIBUTOR ADDRESS <i>P.O. BOX 163</i>			EMPLOYER ADDRESS	
<i>BRIDGEWATER, N.J. 07719</i>				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ <i>1000.⁰⁰</i>	DATE(S) RECEIVED <i>OCT. 19, 2016</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>1000.⁰⁰</i>
OCCUPATION <i>N/A</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>1000.⁰⁰</i>
(COMPLETE THIS LINE FOR LAST PAGE USED)			GRAND TOTAL	\$ <i>1000.⁰⁰</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)			
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		\$	

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
Oct. 20, 2016	1017	THE COAST STAR 13 BROAD STREET MANASSAQUAN, N.J. 08736	Campaign Ads	\$ 812.80	\$	\$
(COMPLETE THIS LINE FOR EVERY PAGE USED)				TOTAL, THIS PAGE	\$ 812.80	\$
(COMPLETE THIS LINE FOR LAST PAGE USED)				GRAND TOTAL	\$ 812.80	\$

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
5/10/16	MARK WAISBER	1011 OCEAN AVE, BELMAR, N.J. 07719	LOAN	\$ 2000.00
5/21/16	MARK WAISBER	1011 OCEAN AVE, BELMAR, N.J. 07719	LOAN	1000.00
8/17/16	MARK WAISBER	1011 OCEAN AVE, BELMAR, N.J. 07719	LOAN - STAMPS	187.50
9/5/16	MARK WAISBER	1011 OCEAN AVE, BELMAR, N.J. 07719	LOAN - STATIONERY	190.43
9/5/16	MARK WAISBER	1011 OCEAN AVE, BELMAR, N.J. 07719	LOAN - LIQUID SUPPLIES	1014.00
9/23/16	MARK WAISBER	1011 OCEAN AVE, BELMAR, N.J. 07719	LOAN - SUPPLIES	392.35
TOTAL OUTSTANDING OBLIGATIONS				\$ 5118.67

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.)

\$ 5603.33

Funds Transferred from Prior Campaign

\$ _____

Deposits (Include interest)

\$ 1100.00

Disbursements (Include bank charges)

\$ 812.80

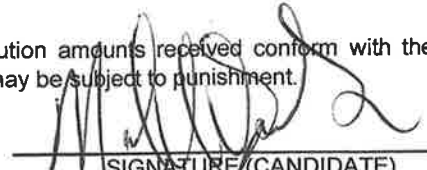
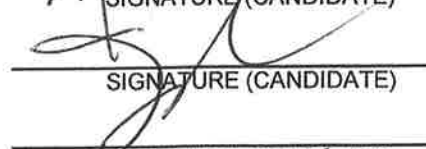
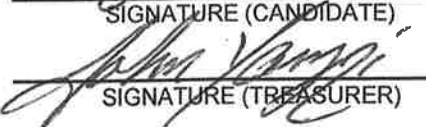
Closing Balance, this Report

\$ 5890.53

<u>PNC BANK</u>	<u>Mark and Jan for Belmar Council</u>
NAME OF BANK OR DEPOSITORY	NAME OF ACCOUNT
<u>320 MAIN STREET AVON NEW JERSEY 07717</u>	
ADDRESS OF BANK OR DEPOSITORY	
<u>JOHN YANNOZZI</u>	<u>732-681-6791</u>
NAME OF TREASURER	*TELEPHONE NUMBER (DAY)
<u>229 16TH AVENUE, BELMAR, NEW JERSEY 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>10/27/16</u>	<u>MARK WALSH</u>	
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
<u>10/27/16</u>	<u>JUSTIN VALLARIO</u>	
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
_____	_____	_____
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
<u>10/27/16</u>	<u>JOHN YANNOZZI</u>	
DATE	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)

Mark and Josh for Belmar Council - Supplemental Contributor Form (11 Day Pre-Election)

Name	Address	City	State	Zip	Date of Receipt	Amount	Employer	Employer Address	City	State	Zip	Occupation
Franny Hines	84 Ridge Terrace	Neptune City	NJ	07753	October 13, 2016	\$50.00	Retired					
Walsifer Leasing	PO Box 163	Belmar	NJ	07719	October 19, 2016	\$1,000.00						
Marcus Kirschenbaum	921 Woodland Avenue	Wall	NJ	07719	October 24, 2016	\$50.00	Retired					