

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) Web site http //www elec state nj us/		<input 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 checked="" type="checkbox"/> Jan 15, 2009
CANDIDATE OR COMMITTEE NAME David Sobel Campaign 2009		Amendment Yes <input type="checkbox"/> No <input type="checkbox"/> For State Use Only <div style="font-size: 2em; font-weight: bold; text-align: center;">ELEC RECEIVED</div> <div style="font-size: 1.5em; font-weight: bold; text-align: center;">JAN 16 2009</div>
STREET ADDRESS 136 Idlebrook Lane		
CITY Aberdeen	STATE NJ	ZIP CODE 07747
COUNTY Monmouth	ELECTION DISTRICT OR MUNICIPALITY Aberdeen Township	
POLITICAL PARTY, IF ANY Democrat	OFFICE SOUGHT Mayor	
ELECTION DATE 06/02/09	ELECTION TYPE (CHECK ONE)	<input checked="" type="checkbox"/> PRIMARY <input type="checkbox"/> RUN-OFF <input type="checkbox"/> MUNICIPAL <input type="checkbox"/> SCHOOL <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIAL
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 OF \$300 OR LESS	\$ 2,625.00	\$ 2,625.00
2 MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]	\$ 1,500.00	\$ 1,500.00
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)	\$ 4,125.00	\$ 4,125.00
7 REFUND OF EXCESSIVE CONTRIBUTIONS [Adjustment Schedule] (-)	\$	\$
8 TOTAL CONTRIBUTIONS	\$ 4,125.00	\$ 4,125.00
9 ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)	\$	\$
10 TOTAL RECEIPTS (ADD LINE 8 + LINE 9)	\$ 4,125.00	\$ 4,125.00
TABLE II. EXPENDITURES		
1 DISBURSEMENTS -CAMPAIGN EXPENSES [Schedule 1(D)]	\$	\$
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)	\$	\$
6 IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)	\$	\$
7 SUB TOTAL (ADD LINES 1 THRU 6)	\$	\$
8 REFUNDED DISBURSEMENTS [Schedule F] (-)	\$	\$
9 TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)	\$ 0.00	\$ 0.00

SCHEDULE A

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

CONTRIBUTOR NAME Michael J. McClelland			EMPLOYER NAME CME Associates	
CONTRIBUTOR ADDRESS 82 Ida Lane			EMPLOYER ADDRESS 3141 Bordentown Ave	
Brick, NJ 08724			Parlin, NJ 08859	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 1,500.00	DATE(S) RECEIVED 11/17/08	AMOUNT(S) RECEIVED THIS PERIOD \$ 1,500.00
OCCUPATION Professional Engineer				
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	\$ 1,500.00
(COMPLETE THIS LINE FOR LAST PAGE USED)			GRAND TOTAL	\$ 1,500.00

SCHEDULE B
In-Kind Contributions in Excess of \$300 N/A

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

N/A

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 Excessive Contributions

N/A

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

N/A

Campaign Expenses

PAYMENT DATE	CHECK NO	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
				\$	\$	\$
				TOTAL, THIS PAGE		\$
				GRAND TOTAL		\$

SCHEDULE 2(D) - DISBURSEMENTS

N/A

Other

PAYMENT DATE	CHECK NO	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$

SCHEDULE 3(D) - DISBURSEMENTS
Contributions made to other Candidates/Committees N/A

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				1 \$
ADD THE "PRO - RATA AMOUNT OTHERS" COLUMN FROM SCHEDULES 1(D) AND 2(D)				2 \$
GRAND TOTAL OF CONTRIBUTIONS MADE TO AND ON BEHALF OF CANDIDATES/COMMITTEES				3 \$

SCHEDULE E
Outstanding Obligations

N/A

Date Incurred	Creditor's Name	Address	Description	Amount
				\$
				TOTAL OUTSTANDING OBLIGATIONS \$

SCHEDULE F
Refunded Disbursements

N/A

Date	Full Name	Address	Description	Amount
				\$
				SCHEDULE F TOTAL \$

SCHEDULE G
Recipients of In-Kind Contributions

N/A

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)	\$ <u>0.00</u>
Funds Transferred from Prior Campaign	\$ <u>0.00</u>
Deposits (Include interest)	\$ <u>4,125.00</u>
Disbursements (Include bank charges)	\$ <u>0.00</u>
Closing Balance, this Report	\$ <u>4,125.00</u>

Sovereign Bank	0421112654	David Sobel Campaign 2009
NAME OF BANK OR DEPOSITORY	ACCOUNT NUMBER	NAME OF ACCOUNT
342 Lloyd Rd. Aberdeen, NJ 07747		
ADDRESS OF BANK OR DEPOSITORY		
David Sobel	732-566-4648	
NAME OF TREASURER	*TELEPHONE NUMBER (DAY)	
65 Overlea Lane Aberdeen, NJ 07747		
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>01/09/09</u> DATE	<u>David Sobel</u> PRINT FULL NAME (CANDIDATE)	<u>David Sobel</u> SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
<u>01/09/09</u> DATE	<u>David Sobel</u> PRINT FULL NAME (TREASURER)	<u>David Sobel</u> SIGNATURE (TREASURER)
_____ 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)