

FORM R-1	REPORT OF CONTRIBUTIONS AND EXPENDITURES	REPORT (CHECK ONE):
<b>NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION</b> P O Box 185, Trenton, NJ 08625-0185 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) Web site <a href="http://www.elec.state.nj.us/">http://www.elec.state.nj.us/</a>		<input type="checkbox"/> 29 - DAY PRE-ELECTION <input type="checkbox"/> 11 - DAY PRE-ELECTION <input checked="" 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, _____
<b>CANDIDATE OR COMMITTEE NAME</b> Cannon for Council 2009		Amendment Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>STREET ADDRESS</b> 65 Overlea Lane		
<b>CITY</b> Aberdeen	<b>STATE</b> NJ	<b>ZIP CODE</b> 07747
<b>COUNTY</b> Monmouth	<b>ELECTION DISTRICT OR MUNICIPALITY</b> Township of Aberdeen	
<b>POLITICAL PARTY, IF ANY</b> Democrat	<b>OFFICE SOUGHT</b> Council	
<b>ELECTION DATE</b> November 3, 2009	<b>ELECTION TYPE (CHECK ONE)</b>	<input type="checkbox"/> PRIMARY <input type="checkbox"/> RUN-OFF <input type="checkbox"/> MUNICIPAL <input type="checkbox"/> SCHOOL <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIAL
<b>SUMMARY TABLES</b> DO NOT ATTEMPT TO COMPLETE TABLES I AND II UNTIL APPROPRIATE SCHEDULES HAVE BEEN COMPLETED		
<b>TABLE I. RECEIPTS</b>		
	<b>THIS REPORT</b>	<b>CUMULATIVE TO DATE</b>
1 MONETARY CONTRIBUTIONS OF \$300 OR LESS	\$ 2,175.00	\$ 4,975.00
2 MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]	\$	\$ 2,000.00
3 IN-KIND CONTRIBUTIONS OF \$300 OR LESS	\$	\$ 183.94
4 IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]	\$ 718.75	\$ 718.75
5 LOANS RECEIVED IN EXCESS OF \$300 AND ALL CURRENCY LOANS [Schedule C]	\$	\$
6 <b>SUB TOTAL</b> (ADD LINES 1 THRU 5)	\$ 2,893.75	\$ 7,877.69
7 REFUND OF EXCESSIVE CONTRIBUTIONS [Adjustment Schedule] (-)	\$	\$
8 <b>TOTAL CONTRIBUTIONS</b>	\$ 2,893.75	\$ 7,877.69
9 ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)	\$	\$ 3,750.00
10 <b>TOTAL RECEIPTS</b> (ADD LINE 8 + LINE 9)	\$ 2,893.75	\$ 11,627.69
<b>TABLE II. EXPENDITURES</b>		
1 DISBURSEMENTS -CAMPAIGN EXPENSES [Schedule 1(D)]	\$ 2,538.00	\$ 10,387.99
2 DISBURSEMENTS - OTHER [Schedule 2(D)]	\$ 300.00	\$ 300.00
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)	\$	\$ 183.94
6 IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)	\$ 718.75	\$ 718.75
7 <b>SUB TOTAL</b> (ADD LINES 1 THRU 6)	\$ 3,556.75	\$ 11,590.68
8 REFUNDED DISBURSEMENTS [Schedule F] (-)	\$	\$
9 <b>TOTAL EXPENDITURES</b> (LINE 7 MINUS LINE 8)	\$ 3,556.75	\$ 11,590.68

**SCHEDULE A**

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

N/A

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				
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				
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>			<b>TOTAL, THIS PAGE</b>	\$ _____
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>			<b>GRAND TOTAL</b>	\$ _____

**SCHEDULE B**  
**In-Kind Contributions in Excess of \$300**

CONTRIBUTOR NAME Aberdeen Democratic Executive Committee		EMPLOYER NAME e	
CONTRIBUTOR ADDRESS 136 Idlebrook Lane		EMPLOYER ADDRESS	
Aberdeen, NJ 07747			
	AGGREGATE AMOUNT \$ 2,902.69	DATE(S) RECEIVED 11/20/09	AMOUNT(S) RECEIVED THIS PERIOD \$ 400.00
OCCUPATION		11/06/09	100.00
		11/04/09	218.75
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)			
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>		<b>TOTAL, THIS PAGE</b>	<b>\$ 718.75</b>
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>		<b>GRAND TOTAL</b>	<b>\$ 718.75</b>

**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"/>	
	\$		
<b>TOTAL AMOUNT OF LOANS RECEIVED THIS REPORT PERIOD</b>		\$	

**ADJUSTMENT SCHEDULE**  
**Refund of Excessive Contributions**

N/A

PAYMENT DATE	CHECK NO	PAYEE NAME AND ADDRESS	REFUNDED AMOUNT
			\$
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>		<b>TOTAL, THIS PAGE</b>	<b>\$</b>
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>		<b>GRAND TOTAL</b>	<b>\$</b>

**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
10/23/09	1006	MFG Consortium 400 Raritan Center Pkwy Edison, NJ 08837	Imprint addresses and postage	\$ 213.00	\$ 213.00	\$
10/23/09	1007	Direct Development LLC 3587 Highway 9 Office Suite 457 Freehold, NJ 07728	Print and mail newspaper	250.00	250.00	
10/27/09	1008	Kennedy Communications 1730 M Street NW, Suite 1010. Washington, DC 20036	Design, print & mail flyers	700.00	700.00	
10/27/09	1010	Mr. B Printing	Lawn signs and	600.00	600.00	
11/20/09	1011	1850 Elizabeth Ave Rahway, NJ 07065	print flyers	775.00	775.00	
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>				<b>\$ 2,538.00</b>	<b>\$ 2,538.00</b>	<b>\$</b>
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>				<b>\$ 2,538.00</b>	<b>\$ 2,538.00</b>	<b>\$</b>

**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
11/04/09	1010	Joseph Kremer 26 New Brunswick Ave. Aberdeen, NJ 07747	Return of contribution	\$ 300.00	\$ 300.00	\$
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>				\$ 300 00	\$ 300.00	\$
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>				\$ 300.00	\$ 300.00	\$

N/A

**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				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

<b>Opening Balance, this report</b> (Insert closing balance of last report, or, if this is the first report filed by this entity for this election, insert zero )	\$ 700 01
<b>Funds Transferred from Prior Campaign</b>	\$ _____
<b>Deposits (Include interest)</b>	\$ 2,175.00
<b>Disbursements (Include bank charges)</b>	\$ 2,838.00
<b>Closing Balance, this Report</b>	\$ 37 01

Sovereign Bank

Cannon for Council 2009

NAME OF BANK OR DEPOSITORY 342 Lloyd Rd. Aberdeen, NJ 07747	NAME OF ACCOUNT
ADDRESS OF BANK OR DEPOSITORY	
David Sobel	908-208-3792
NAME OF TREASURER	*TELEPHONE NUMBER (DAY)
65 Overlea Ln. 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.

11/23/09  
DATE

Gregory J. Cannon  
PRINT FULL NAME (CANDIDATE)

  
SIGNATURE (CANDIDATE)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT FULL NAME (CANDIDATE)

\_\_\_\_\_  
SIGNATURE (CANDIDATE)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT FULL NAME (CANDIDATE)

\_\_\_\_\_  
SIGNATURE (CANDIDATE)

11-23-09  
DATE

David Sobel  
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)