| F | FORM R-1 REPORT OF CONTRIBUTIONS AND EXPENDITURES | | | | | REPORT (CHECK | (ONE): RE-ELECTION | |
|--|---|--------------------|-----------------|------------|-------------------------|--------------------------------|-----------------------|--------------|
| | NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION PO Box 185, Trenton, NJ 08625-0185 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) | | | | | | RE-ELECTION | |
| | (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) Web site http://www.elec.state.nj.us/ | | | | | X 20 - DAY PC Apr 15, July 15, | | |
| CA | CANDIDATE OR COMMITTEE NAME Montone for Council 2009 | | | | | Oct 15, | | |
| STREET ADDRESS 65 Overlea Lane | | | | | Amendment Yes | | | |
| CITY STATE ZIP CODE Aberdeen NJ 07747 | | | | For Sta | te Use Only | | | |
| COUNTY ELECTION DISTRICT OR MUNICIPALITY Monmouth Township of Aberdeen | | | Y | =! = | C RECEIVED | | | |
| POLITICAL PARTY, IF ANY OFFICE SOUGHT | | | | _ | | | | |
| Democrat OFFICE SOUGHT Council | | | | | | NOV 30 2009 | | |
| ELECTION DATE November 3, 2009 ELECTION TYPE (CHECK ONE) PRIMARY RUN-OFF | | | | | MUNICIPAL SCHOOL | X GENERAL SPECIAL | | |
| SU | MMARY TABI | LES DO NOT ATTEM | | | | | | |
| TABLE I RECEIPTS | | | | | | THIS REPORT | CUMULATIVE TO DATE | |
| 1 MONETARY CONTRIBUTIONS OF \$300 OR LESS | | | \$ | 2,475.00 | \$ 4,975 00 | | | |
| 2 | 2 MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A] | | | \$ | - | \$ 2,000.00 | | |
| 3 | CONTRIBUTIONS [Schedule A] 3 IN-KIND CONTRIBUTIONS OF \$300 OR LESS | | | | \$ | | \$ 183.94 | |
| 4 | 4 IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B] | | | | \$ | 718.75 | \$ 718.75 | |
| 5 | 5 LOANS RECEIVED IN EXCESS OF \$300 AND ALL CURRENCY LOANS | | | | \$ | | \$ | |
| 6 | [Schedule C] 6 SUB TOTAL (ADD LINES 1 THRU 5) | | | \$ | 3,193.75 | \$ 7,877.69 | | |
| 7 | 7 REFUND OF EXCESSIVE CONTRIBUTIONS [Adjustment Schedule] (-) | | | (-) | \$ | | \$ | |
| 8 | 8 TOTAL CONTRIBUTIONS | | | \$ | 3,193.75 | \$ 7,877.69 | | |
| 9 ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+) | | | \$ | | \$ 3,960 00 | | | |
| 10 | 10 TOTAL RECEIPTS (ADD LINE 8 + LINE 9) | | | \$ | 3,193.75 | \$ 11,837.69 | | |
| ΤA | BLE II. EXPEN | NDITURES | | | | | | |
| 1 | 1 DISBURSEMENTS -CAMPAIGN EXPENSES [Schedule 1(D)] | | | \$ | 2,535.74 | \$ 10,595.09 | | |
| | 2 DISBURSEMENTS - OTHER [Schedule 2(D)] | | | | \$ | 300.00 | \$ 300.00 | |
| 3 | 3 DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)] | | | | \$ | | \$ | |
| 4 | CANDIDATES/COMMITTEES [Schedule 3(D)] 4 CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)] | | | \$ | | \$ | | |
| 5 | IN-KIND CONT | RIBUTIONS OF \$300 | OR LESS (TAB | LE I, LINE | 3) | \$ | | \$ 183.94 |
| 6 | IN-KIND CONT | RIBUTIONS IN EXCE | SS OF \$300 (TA | BLE I, LIN | E 4) | \$ | 718.75 | \$ 718.75 |
| 7 | SUB TOTAL | | | (ADD LII | NES 1 THRU 6) | \$ | 3,254.49 | \$11,797 78 |
| 8 | REFUNDED DI | SBURSEMENTS (Sch | edule F] | | (-) | \$ | | \$ |
| 9 | TOTAL EXPEN | IDITURES | | (LINE 7 | MINUS LINE 8) | s | 3,254 49 | \$ 11,797.78 |

N/A

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

| CONTRIBUTOR NAME | EMPLOYER NAME | | |
|---|------------------|--------------------------------------|--|
| CONTRIBUTOR ADDRESS | EMPLOYER ADDRESS | | |
| CHECK IF AGGREGATE AMOUNT CURRENCY S | DATE(S) RECEIVED | AMOUNT(S) RECEIVED THIS PERIOD \$ | |
| CONTRIBUTOR NAME | EMPLOYER NAME | 1 | |
| CONTRIBUTOR ADDRESS | EMPLOYER ADDRESS | | |
| CHECK IF AGGREGATE AMOUNT CURRENCY S | DATE(S) RECEIVED | AMOUNT(S) RECEIVED THIS PERIOD | |
| CONTRIBUTOR NAME | EMPLOYER NAME | 1 | |
| CONTRIBUTOR ADDRESS | EMPLOYER ADDRESS | | |
| CHECK IF AGGREGATE AMOUNT CURRENCY \$ | DATE(S) RECEIVED | AMOUNT(S) RECEIVED THIS PERIOD \$ | |
| CONTRIBUTOR NAME | EMPLOYER NAME | - | |
| CONTRIBUTOR ADDRESS | EMPLOYER ADDRESS | , - p. <u>a. 10</u>, 200 | |
| CHECK IF AGGREGATE AMOUNT CURRENCY \$ | DATE(S) RECEIVED | AMOUNT(S) RECEIVED THIS PERIOD \$ | |
| CONTRIBUTOR NAME | EMPLOYER NAME | | |
| CONTRIBUTOR ADDRESS | EMPLOYER ADDRESS | | |
| CHECK IF AGGREGATE AMOUNT CURRENCY \$ | DATE(S) RECEIVED | AMOUNT(S) RECEIVED THIS PERIOD \$ | |
| (COMPLETE THIS LINE FOR EVERY PAGE USED) TO | TAL, THIS PAGE | \$ | |
| (COMPLETE THIS LINE FOR LAST PAGE USED) GF | RAND TOTAL | \$ | |

SCHEDULE B

In-Kind Contributions in Excess of \$300

| Aberdeen Democratic Ex | ecutive Committ | ee | | | |
|---|---|---|--|--|--|
| CONTRIBUTOR ADDRESS 136 Idlebrook Lane | | EMPLOYER ADDRES | S | | |
| 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 | | |
| DESCRIPTION OF IN-KIND CONTRIBU | TION(S) | 11/04/09 | 1 218.75 | | |
| CONTRIBUTOR NAME | | EMPLOYER NAME | | | |
| CONTRIBUTOR ASSESSED | | 5.15.6.25.15.55 | | | |
| CONTRIBUTOR ADDRESS | | EMPLOYER ADDRES | S | | |
| | | | | | |
| | AGGREGATE AMOUNT | DATE(S) RECEIVED | AMOUNT(S) RECEIVED THIS PERIOD \$ | | |
| OCCUPATION | | | | | |
| DESCRIPTION OF IN-KIND CONTRIBU | TION(S) | <u> </u> | | | |
| CONTRIBUTOR NAME | | EMPLOYER NAME | | | |
| | | | | | |
| | | | | | |
| CONTRIBUTOR ADDRESS | | EMPLOYER ADDRESS | s | | |
| CONTRIBUTOR ADDRESS | | EMPLOYER ADDRESS | S | | |
| CONTRIBUTOR ADDRESS | AGGREGATE AMOUNT | | AMOUNT(S) RECEIVED THIS PERIOD | | |
| | AGGREGATE AMOUNT | | | | |
| OCCUPATION | \$ | | AMOUNT(S) RECEIVED THIS PERIOD | | |
| OCCUPATION DESCRIPTION OF IN-KIND CONTRIBU | \$ | DATE(S) RECEIVED | AMOUNT(S) RECEIVED THIS PERIOD | | |
| OCCUPATION DESCRIPTION OF IN-KIND CONTRIBU | \$ | | AMOUNT(S) RECEIVED THIS PERIOD | | |
| OCCUPATION DESCRIPTION OF IN-KIND CONTRIBU CONTRIBUTOR NAME CONTRIBUTOR ADDRESS | \$ | DATE(S) RECEIVED | AMOUNT(S) RECEIVED THIS PERIOD \$ | | |
| OCCUPATION DESCRIPTION OF IN-KIND CONTRIBU CONTRIBUTOR NAME | \$ | DATE(S) RECEIVED | AMOUNT(S) RECEIVED THIS PERIOD \$ | | |
| OCCUPATION DESCRIPTION OF IN-KIND CONTRIBU CONTRIBUTOR NAME | TION(S) AGGREGATE AMOUNT | DATE(S) RECEIVED EMPLOYER NAME EMPLOYER ADDRESS | AMOUNT(S) RECEIVED THIS PERIOD S AMOUNT(S) RECEIVED THIS PERIOD | | |
| OCCUPATION DESCRIPTION OF IN-KIND CONTRIBU CONTRIBUTOR NAME | TION(S) | DATE(S) RECEIVED EMPLOYER NAME EMPLOYER ADDRESS | AMOUNT(S) RECEIVED THIS PERIOD \$ | | |
| OCCUPATION DESCRIPTION OF IN-KIND CONTRIBU CONTRIBUTOR NAME CONTRIBUTOR ADDRESS OCCUPATION | TION(S) AGGREGATE AMOUNT | DATE(S) RECEIVED EMPLOYER NAME EMPLOYER ADDRESS | AMOUNT(S) RECEIVED THIS PERIOD S AMOUNT(S) RECEIVED THIS PERIOD | | |
| OCCUPATION DESCRIPTION OF IN-KIND CONTRIBU CONTRIBUTOR NAME CONTRIBUTOR ADDRESS OCCUPATION DESCRIPTION OF IN-KIND CONTRIBU | AGGREGATE AMOUNT \$ TION(S) | DATE(S) RECEIVED EMPLOYER NAME EMPLOYER ADDRESS DATE(S) RECEIVED | AMOUNT(S) RECEIVED THIS PERIOD \$ AMOUNT(S) RECEIVED THIS PERIOD \$ | | |
| OCCUPATION DESCRIPTION OF IN-KIND CONTRIBU CONTRIBUTOR NAME CONTRIBUTOR ADDRESS OCCUPATION | AGGREGATE AMOUNT TION(S) PAGE USED) TO | DATE(S) RECEIVED EMPLOYER NAME EMPLOYER ADDRESS | AMOUNT(S) RECEIVED THIS PERIOD S AMOUNT(S) RECEIVED THIS PERIOD | | |

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

| LENDER NAME | EMPLOYER NAME | | | | |
|----------------------------------|-------------------|-------------------------|-------|---------------------------------------|---------------|
| LENDER ADDRESS | | EMPLOYER | ADDR | ESS | |
| | | | | | |
| OCCUPATION | | | | | |
| CO-SIGNER NAME | | EMPLOYER I | VAME | · · · · · · · · · · · · · · · · · · · | |
| CO-SIGNER ADDRESS | | EMPLOYER A | ADDRI | ESS | |
| OCCUPATION | | AMOUNT(S) | RECE | IVED THIS PERIOD | |
| | | \$ | | | |
| DATE(S) RECEIVED AGGREGATE AI | | UNT | | CHECK IF CURRENCY | , |
| LENDER NAME | | EMPLOYER NAME | | | |
| LENDER ADDRESS | | EMPLOYER ADDRESS | | | |
| OCCUPATION | | | | | - |
| CO-SIGNER NAME | | EMPLOYER NAME | | | |
| CO-SIGNER ADDRESS | | EMPLOYER ADDRESS | | | |
| | | | | | |
| OCCUPATION | | AMOUNT(S) RECEIVE \$ | | VED THIS PERIOD | <u>.</u> |
| DATE(S) RECEIVED | AGGREGATE AMO | UNT | | CHECK IF CURRENCY | |
| TOTAL AMOUNT OF LOANS RECEIVED T | THIS REPORT PERIC | סמ | \$ | | |
| | | | | | |

ADJUSTMENT SCHEDULE

Refund of Excessive Contributions

| PAYMENT DATE | CHECK NO | PA | YEE NAME AND ADDR | ESS | REFUNDED AMOUNT |
|----------------|-------------------|----------|-------------------|-----------|-----------------|
| | | | | | \$ |
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |
| (COMPLETE THIS | LINE FOR EVERY PA | GE USED) | TOTAL, THIS PAGE | \$ | |
| (COMPLETE THIS | LINE FOR LAST PAG | E USED) | GRAND TOTAL | <u>\$</u> | |

SCHEDULE 1(D) - DISBURSEMENTS Campaign Expenses

| PAYMENT DATE | CHECK | PAYEE NAME AND ADDRESS | PURPOSE | FULL AMOUNT | PRO-RATA AMOUNT THIS REPORTING ENTITY | PRO-RATA AMOUNT OTHERS |
|-----------------|-------------|--|---|-------------|--|------------------------------|
| 10/21/09 | 1007 | US Postal Service | Postage | \$ 49.19 | \$ 49.19 | 8 |
| 10/23/00 | 6 | 07733 | • | , r | 213 | |
| 10/27/09 | 1012 | MrG Consortium 400 Raritan Center Pkwy | imprint addresses and postage | | | |
| 10/27/09 | 1009 | Edison, NJ 08837 Kennedy Communications | Design, print & | 700.00 | 700.00 | |
| | | 1/30 M Street NW, Sulte 1010. | maıl flyers | | | |
| | | Washington, DC 20036 | | | | |
| 10/27/09 | 1010 | Mr. B Printing | Lawn signs and | 200.00 | 200.00 | |
| 11/20/09 | 1014 | 1850 Elizabeth Ave | print flyers | 810.00 | 810.00 | |
| | | Rahway, NJ 07065 | | | | |
| 10/27/09 | 1011 | Monmouth County Treas Hall of Records | New Voter Lists | 19.50 | 19.50 | |
| | | One East Main Street | | | | |
| | | Room 101 | | | | |
| | | Freehold, NJ 07728 | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | ₩ | 2,535 74 | \$ 2,535.74 | 69 |
| COMPLETE TH | IS LINE FOR | (COMPLETE THIS LINE FOR EVERY PAGE USED) | TOTAL, THIS PAGE | יי שכח נ | \$ 2 535 74 | es. |
| (COMPLETE TH | IS LINE FO | (COMPLETE THIS LINE FOR LAST PAGE USED) | GRAND TOTAL | 2,333.74 | 1.00019 | |
| | | | | | | |

FORM R-1 Revised 12/2008

SCHEDULE 2(D) - DISBURSEMENTS Other

| CHECK | ¥. | PAYEE NAME AND ADDRESS | PURPOSE | FULL AMOUNT | PRO-RATA AMOUNT THIS REPORTING ENTITY | PRO-RATA AMOUNT OTHERS |
|-------|----|---|---------------------------|-------------|--|------------------------------|
| 1013 | | Joseph Kremer 26 New Brunswick Ave Aberdeen, NJ 07747 | Return of Contribution | 300.00 | 300.00 | ₩ |
| | | | | | • | |
| FOR | | (COMPLETE THIS LINE FOR EVERY PAGE USED) | TOTAL. THIS PAGE | \$ 300.00 | \$ 300.00 | \$ |
| Ģ. | -4 | (COMPLETE THIS LINE FOR LAST PAGE USED) | GRAND TOTAL | \$ 300.00 | \$ 300.00 | € |
| | | | • | | | |

N/A

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

| AMOUNT | € | м | ₩. | ↔ | ₩. |
|-------------------------------|---|--|--|--|--|
| ADDRESS | | TOTAL, THIS PAGE | - | <u>₹</u> | • |
| RECIPIENT CANDIDATE/COMMITTEE | | GE 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) | AADE TO AND ON BEHALF OF CANDIDATES/COMMITTEES |
| CHECK NO | | (COMPLETE THIS LINE FOR EVERY PAGE USED) | OLLOWING LINES F | SATA AMOUNT OTHE | GRAND TOTAL OF CONTRIBUTIONS MADE TO AND ON |
| PAYMENT DATE | | (COMPLETE THIS L | COMPLETE THE FOLLOWING LI SCHEDULE 3(D) GRAND TOTAL | ADD THE "PRO - F | GRAND TOTAL OF |

FDRM R-1 Revised 12/2008

SCHEDULE E

Outstanding Obligations

N/A

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

SCHEDULE F

Refunded Disbursements

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

SCHEDULE G Recipients of In-Kind Contributions

| NAME OF RECIPIENT CANDID | ATE/COMMITTEE | · · · · · · · · · · · · · · · · · · · | |
|--------------------------|-------------------------|---------------------------------------|--|
| MAILING ADDRESS | | | |
| OFFICE SOUGHT | ELECTION DISTRICT OR ML | NICIPALITY | |
| CHECK NUMBER | PAYMENT DATE | AMOUNT \$ | |
| NAME OF RECIPIENT CANDID | ATE/COMMITTEE | | |
| MAILING ADDRESS | | | |
| OFFICE SOUGHT | ELECTION DISTRICT OR MU | NICIPALITY | |
| CHECK NUMBER | PAYMENT DATE | AMOUNT \$ | |
| NAME OF RECIPIENT CANDID | ATE/COMMITTEE | | |
| MAILING ADDRESS | | | |
| OFFICE SOUGHT | ELECTION DISTRICT OR MU | NICIPALITY | |
| CHECK NUMBER | PAYMENT DATE | AMOUNT \$ | |
| NAME OF RECIPIENT CANDID | ATE/COMMITTEE | | |
| MAILING ADDRESS | | | |
| OFFICE SOUGHT | ELECTION DISTRICT OR MU | NICIPALITY | |
| CHECK NUMBER | PAYMENT DATE | AMOUNT \$ | |
| NAME OF RECIPIENT CANDID | ATE/COMMITTEE | t: | |
| MAILING ADDRESS | | | |
| OFFICE SOUGHT | ELECTION DISTRICT OR MU | NICIPALITY | |
| CHECK NUMBER | PAYMENT DATE | AMOUNT \$ | |
| | <u></u> | 3 | |

| STATEMENT OF CAMPAIGN DEPOSITORY AND CAMPAIGN TREASURER | | | | | | | |
|--|--|--|---|--|--|--|--|
| Opening Balance, this (Insert closing balance of la insert zero) | report ast report, or, if this is the first report filed by this e | entity for this election, | \$400.65 | | | | |
| Funds Transferred from | m Prior Campaign | | <u>\$</u> | | | | |
| Deposits (Include interes | st) | | \$ 2,475.00 | | | | |
| Disbursements (Include | a bank charges) | | <u>\$</u> 2,835.74 | | | | |
| Closing Balance, this i | Report | | <u>\$</u> 39.91 | | | | |
| Sovereign Bar | nk | Montone | for Council 2009 | | | | |
| NAME OF BANK OR DEP | | | NAME OF ACCOUNT | | | | |
| 342 Lloyd Rd | | | | | | | |
| David Sobel | ADDRESS OF BANK OR DEP | | 8-208-3792 | | | | |
| NAME OF TREASURER | | | ELEPHONE NUMBER (DAY) | | | | |
| 65 Overlea L | n Aberdeen, NJ 07747 | · | , | | | | |
| • | ADDRESS OF TREASU | RER | | | | | |
| | CERTIFICATION | N | | | | | |
| | ts on this document are true, and that the convare that if any of the statements are willfully false Margaret M. Montone PRINT FULL NAME (CANDIDATE) | , I may be subject to puni | | | | | |
| DATE | PRINT FULL NAME (CANDIDATE) | | RE (CANDIDATE) | | | | |
| DATE | PRINT FULL NAME (CANDIDATE) | ŞIGNATUR | RE (CANDIDATE) | | | | |
| 122-09 | David Sobel | Hand | shel | | | | |
| DATE | PRINT FULL NAME (TREASURER) | SIGNATUR | E (TREASURER) | | | | |
| | al and Legislative candidates are required to rece Check here If you have completed the training | | | | | | |
| - | DECLARATION OF FINA | L REPORT | | | | | |
| that all filing entities continued in the contribution of the cont | n applicable Declaration below as well as Certificuse to file reports with the Commission until all can itions or other monies received by this election furns, and that the election fund has wound up its bu | npaign business is wound and have been disbursed, t | up and the fund is dissolved that there are no outstanding | | | | |
| DATE | PRINT FULL NAME (CANDIDATE) | SIGNATUR | RE (CANDIDATE) | | | | |
| DATE | PRINT FULL NAME (CANDIDATE) | SIGNATUR | RE (CANDIDATE) | | | | |
| DATE | PRINT FULL NAME (CANDIDATE) | SIGNATUR | RE (CANDIDATE) | | | | |
| DATE | PRINT FULL NAME (TREASURER) | SIGNATUR | E (TREASURER) | | | | |