

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 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, _____	
CANDIDATE OR COMMITTEE NAME Tagliarini for Mayor 2009				Amendment Yes <input type="checkbox"/> No <input type="checkbox"/>	
STREET ADDRESS 65 Overlea Lane				For State Use Only ELEC RECEIVED NOV 30 2009	
CITY Aberdeen	STATE NJ	ZIP CODE 07747			
COUNTY Monmouth	ELECTION DISTRICT OR MUNICIPALITY Township of Aberdeen				
POLITICAL PARTY, IF ANY Democrat	OFFICE SOUGHT Mayor				
ELECTION DATE November 3, 2009	ELECTION TYPE (CHECK ONE)		<input type="checkbox"/> PRIMARY	<input type="checkbox"/> MUNICIPAL	<input checked="" type="checkbox"/> GENERAL
			<input type="checkbox"/> RUN-OFF	<input type="checkbox"/> SCHOOL	<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			\$ 2,475.00	\$ 4,975.00	
2 MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]			\$ 0 00	\$ 2,000.00	
3 IN-KIND CONTRIBUTIONS OF \$300 OR LESS			\$	\$ 183.92	
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 SUB TOTAL (ADD LINES 1 THRU 5)			\$ 3,193.75	\$ 7,877.67	
7 REFUND OF EXCESSIVE CONTRIBUTIONS [Adjustment Schedule] (-)			\$	\$	
8 TOTAL CONTRIBUTIONS			\$ 3,193.75	\$ 7,877.67	
9 ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)			\$	\$ 5,925.00	
10 TOTAL RECEIPTS (ADD LINE 8 + LINE 9)			\$ 3,193.75	\$ 13,802.67	
TABLE II. EXPENDITURES					
1 DISBURSEMENTS -CAMPAIGN EXPENSES [Schedule 1(D)]			\$ 2,531.99	\$ 12,556.39	
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)			\$	\$ 183.92	
6 IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)			\$ 718.75	\$ 718.75	
7 SUB TOTAL (ADD LINES 1 THRU 6)			\$ 3,550.74	\$ 13,759.06	
8 REFUNDED DISBURSEMENTS [Schedule F] (-)			\$	\$	
9 TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)			\$ 3,550.74	\$ 13,759.06	

SCHEDULE A

N/A

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

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

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

CONTRIBUTOR NAME Aberdeen Democratic Executive Committee		EMPLOYER NAME	
CONTRIBUTOR ADDRESS 136 Idlebrook Lane		EMPLOYER ADDRESS	
Aberdeen, NJ 07747			
	AGGREGATE AMOUNT \$ 2,902.67	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) Payment of lawn signs, sign removal and food for election day workers			
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	\$ 718.75
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$ 718.75

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
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	1014	MFG Consortium 400 Raritan Center Pkwy Edison, NJ 08837	Imprint addresses and postage	\$ 421.99	\$ 421.99	\$
10/23/09	1015	Direct Development LLC 3587 Highway 9 Office Suite 457 Freehold, NJ 07728	Print and mail newspaper	250.00	250.00	
10/27/09	1016	Kennedy Communications 1730 M Street NW, Suite 1010. Washington, DC 20036	Design, print & mail flyers	700.00	700.00	
10/27/09	1017	Mr. B Printing	Lawn Signs and	100.00	100.00	
11/20/09	1019	1850 Elizabeth Ave Rahway, NJ 07065	print flyers	1,060.00	1,060.00	
(COMPLETE THIS LINE FOR EVERY PAGE USED)				\$ 2,531.99	\$ 2,531.99	\$
(COMPLETE THIS LINE FOR LAST PAGE USED)				\$ 2,531.99	\$ 2,531.99	\$

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	1018	Joseph Kremer 26 New Brunswick Ave. Aberdeen, NJ 07747	Refund of Contribution	\$ 300.00	\$ 300.00	\$
(COMPLETE THIS LINE FOR EVERY PAGE USED)				\$ 300.00	\$ 300.00	\$
(COMPLETE THIS LINE FOR LAST PAGE USED)				\$ 300.00	\$ 300.00	\$
TOTAL, THIS PAGE				\$ 300.00	\$ 300.00	\$
GRAND TOTAL				\$ 300.00	\$ 300.00	\$

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

N/A

PAYMENT DATE	CHECK NO	RECIPIENT CANDIDATE/COMMITTEE	ADDRESS	AMOUNT
				\$
(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)				1 \$
GRAND TOTAL OF CONTRIBUTIONS MADE TO AND ON BEHALF OF CANDIDATES/COMMITTEES				2 \$
				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 \$

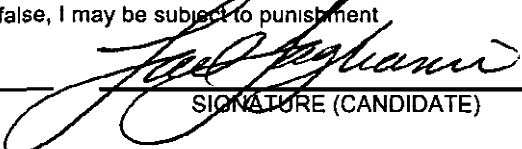

STATEMENT OF CAMPAIGN DEPOSITORY AND CAMPAIGN TREASURER

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)	\$ 400.60
Funds Transferred from Prior Campaign	\$ _____
Deposits (Include interest)	\$ 2,475.00
Disbursements (Include bank charges)	\$ 2,831.99
Closing Balance, this Report	\$ 43.61

Sovereign Bank	Tagliarini for Mayor 2009
NAME OF BANK OR DEPOSITORY	NAME OF ACCOUNT
342 Lloyd Rd Aberdeen, NJ 07747	
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.

<u>11/23/09</u> DATE	<u>Fred Tagliarini</u> PRINT FULL NAME (CANDIDATE)	<u></u> SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
<u>11-23-09</u> DATE	<u>David Sobel</u> PRINT FULL NAME (TREASURER)	<u></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)