

7-25 JARA OCT, 2

FORM R-1	REPORT OF CONTRIBUTIONS AND EXPENDITURES		REPORT (CHECK ONE): <input checked="" 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 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.nj.gov				
CANDIDATE OR COMMITTEE NAME <i>Friends of Evelyn O'Donnell For Council</i>				
STREET ADDRESS <i>Box 176 25 Casino Dr</i>				
CITY <i>Farmingdale</i>		STATE <i>NJ</i>	ZIP CODE <i>07727</i>	
COUNTY <i>Monmouth</i>		ELECTION DISTRICT OR MUNICIPALITY <i>Howell</i>		
POLITICAL PARTY, IF ANY <i>Republican</i>		OFFICE SOUGHT <i>Councilwoman</i>		
ELECTION DATE <i>11-3-20</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		THIS REPORT		CUMULATIVE TO DATE
1. MONETARY CONTRIBUTIONS / LOANS OF \$300 OR LESS		\$ <i>4395.-</i>		\$ <i>4395.-</i>
2. MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]		\$ <i>6000 -</i>		\$ <i>6000 -</i>
3. IN-KIND CONTRIBUTIONS OF \$300 OR LESS		\$ <i>—</i>		\$ <i>—</i>
4. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]		\$ <i>—</i>		\$ <i>—</i>
5. LOANS RECEIVED IN EXCESS OF \$300 AND ALL CURRENCY LOANS [Schedule C]		\$ <i>—</i>		\$ <i>—</i>
6. SUB TOTAL (ADD LINES 1 THRU 5)		\$ <i>10,395.</i>		\$ <i>10,395.</i>
7. REFUND OF CONTRIBUTIONS [Adjustment Schedule] (-)		\$ <i>—</i>		\$ <i>—</i>
8. TOTAL CONTRIBUTIONS		\$ <i>10,395.</i>		\$ <i>10,395.00</i>
9. ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)		\$ <i>5333.89</i>		\$ <i>5333.89</i>
10. TOTAL RECEIPTS (ADD LINE 8 + LINE 9)		\$ <i>15728.89</i>		\$ <i>15728.89</i>
TABLE II. EXPENDITURES				
1. DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]		\$ <i>6266.31</i>		\$ <i>6266.31</i>
2. DISBURSEMENTS - OTHER [Schedule 2(D)]		\$ <i>—</i>		\$ <i>—</i>
3. DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]		\$ <i>675.00</i>		\$ <i>675.00</i>
4. CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)]		\$ <i>—</i>		\$ <i>—</i>
5. IN-KIND CONTRIBUTIONS OF \$300 OR LESS (TABLE I, LINE 3)		\$ <i>—</i>		\$ <i>—</i>
6. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)		\$ <i>—</i>		\$ <i>—</i>
7. SUB TOTAL (ADD LINES 1 THRU 6)		\$ <i>6941.31</i>		\$ <i>6941.31</i>
8. REFUNDED DISBURSEMENTS [Schedule F] (-)		\$ <i>—</i>		\$ <i>—</i>
9. TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)		\$ <i>6941.31</i>		\$ <i>6941.31</i>

SCHEDULE A

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

CONTRIBUTOR NAME Dominick Cinelli			EMPLOYER NAME Same	
CONTRIBUTOR ADDRESS 1015 Shore Dr			EMPLOYER ADDRESS Same	
Brielle NJ. 08730				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 500.00	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$ 500.00
OCCUPATION				
CONTRIBUTOR NAME Jeffrey Booker			EMPLOYER NAME CBIZ	
CONTRIBUTOR ADDRESS 260 Ocean Ave Suite 18A			EMPLOYER ADDRESS 421 Atlantic Ave Suite 101	
Seabright, NJ. 07760				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED 7-15-20	AMOUNT(S) RECEIVED THIS PERIOD \$ 500.00
OCCUPATION				
CONTRIBUTOR NAME Najarian			EMPLOYER NAME Same	
CONTRIBUTOR ADDRESS 1 Industrial Way West			EMPLOYER ADDRESS Same	
Eaton town NJ. 07724				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED 7-15-20	AMOUNT(S) RECEIVED THIS PERIOD \$ 500.00
OCCUPATION				
CONTRIBUTOR NAME Ocean County Strong			EMPLOYER NAME Same	
CONTRIBUTOR ADDRESS 2105 N County Line Rd ste 3			EMPLOYER ADDRESS Same	
Jackson, NJ. 08527				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED 8-26-20	AMOUNT(S) RECEIVED THIS PERIOD \$ 1000.00
OCCUPATION				
CONTRIBUTOR NAME Herbert Cellar			EMPLOYER NAME Self	
CONTRIBUTOR ADDRESS 366 Oak Glen Rd			EMPLOYER ADDRESS Same	
Howell N.J. 07731				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED 7-15-20	AMOUNT(S) RECEIVED THIS PERIOD \$ 500.00
OCCUPATION				
(COMPLETE THIS LINE FOR EVERY PAGE USED)			TOTAL, THIS PAGE	\$ 3000.00
(COMPLETE THIS LINE FOR LAST PAGE USED)			GRAND TOTAL	\$

SCHEDULE A

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

CONTRIBUTOR NAME <i>Ocean County Strong</i>			EMPLOYER NAME	
CONTRIBUTOR ADDRESS <i>2105 W. County Line Road</i>			EMPLOYER ADDRESS <i>Same</i>	
JACKSON NJ. 08527				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED <i>9-14-20</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>3000.00</i>
OCCUPATION				
CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED <i>9-14</i>	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>3000.00</i>	
(COMPLETE THIS LINE FOR LAST PAGE USED)			GRAND TOTAL \$ <i>6000.00</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)			
(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		\$	

Refund of Contributions

FORM R-1 Revised 02.28.2018

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
7-25-20	Debit	Printing 2 GO 580 Park Ave Freehold NJ 07728	invitations	\$ 90.63	\$	\$
8-17-20	Debit	US Post Office 64 Main St Farmingdale, NY	Postage for invites and responses	\$ 283.70		
8-17-20	Debit	Staples. 4514 Rt 9 South Howell NJ	Envelopes for invitations and return envelopes	\$ 108.11		
8-22-20	Debit	Citgo 28 W. Main St Farmingdale, NY	gas for campaigning	\$ 25.00		
8-28-20	Debit	Shop Rite Rt 9 South Howell	plastic bags (500) staples tape - FOR FLYERS IN MAIN when walking	\$ 98.52		
8-30-20	Debit	Tony's 78 Main St Farmingdale, NY	lunch for walkers (7090)	\$ 149.81		
(COMPLETE THIS LINE FOR EVERY PAGE USED)				TOTAL, THIS PAGE	\$ 657.77	\$
(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
8-31-20	1058	Wicked Thread Embroidery 8 Woodview Dr, Howell NJ.	Te shirts (30 shirts)	\$ 300.00	\$	\$
8-31-20	Debit	US Post Office 66 Main St Fairfield NJ.	Stamps for mailers	\$ 110.00		
9-14-20	Debit	Printing 2 Go 580 Park Ave, Freehold N.J.	stickers for FLYERS	\$ 350.00		
9-14-20	Debit	EXXON 639 W 9th Freehold, N.J.	gasoline for campaign	\$ 30.18		
9-18-20	Debit	Staples 4514 Rt 9 South Howell NJ	Paper, envelopes toner	\$ 132.59		
9-9-20	1059	Wicked Thread Embroidery 8 Woodview Dr Howell	20 tee shirts	\$ 200.00		
(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
9-16-20	Debit	Shop n Bag 10 Bank St Farmingdale NY	markers paper towels, clip boards, wipes for walking	\$ 31.78	\$	\$
9-17-20	Debit	Our House Restaurant 420 Adelphi Rd Farmingdale NY	fundraiser for election	\$1,650.00		
9-30-20	1060	April Stark 236 Newark Rd Barnaget NJ	webpage management	\$1600.00		
9-30-20	Debit	US Post Office 16 mycroft mills Rd Adelphi, N.J.	stamps	\$1213.99		
(COMPLETE THIS LINE FOR EVERY PAGE USED)				TOTAL, THIS PAGE	\$ 4495.77	\$
(COMPLETE THIS LINE FOR LAST PAGE USED)				GRAND TOTAL	\$ 6366.31	\$

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
<div style="font-size: 4em; transform: rotate(45deg); opacity: 0.5;">X</div>						
(COMPLETE THIS LINE FOR EVERY PAGE USED)				\$	\$	\$
(COMPLETE THIS LINE FOR LAST PAGE USED)				\$	\$	\$
TOTAL, THIS PAGE				\$	\$	\$
GRAND TOTAL				\$	\$	\$

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

PAYMENT DATE	CHECK NO.	RECIPIENT CANDIDATE/COMMITTEE	ADDRESS	AMOUNT
8-18-20	1056	Monmouth County Republican Committee Gala	20 Route 524 Coits Neck, NJ	\$ 600.00
8-26-20	1057	Sean Kean and Friends of Sean Kean	1955 Hwy 34 Wall N.J. 07719	\$ 75.00
(COMPLETE THIS LINE FOR EVERY PAGE USED)				\$ 675.00
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. \$ 675. 2. 675.00 3. \$ 675.00

SCHEDULE E
Outstanding Obligations

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

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.)

\$ 5333.89**Funds Transferred from Prior Campaign**\$ 5333.89**Deposits (Include interest)**\$ 10395.00**Disbursements (Include bank charges)**\$ 6941.31**Closing Balance, this Report**\$ 3453.69PNCFriends of Evelyn O'Donnell for Council

NAME OF BANK OR DEPOSITORY

NAME OF ACCOUNT

50 PR.9Freehold NJ 07728

ADDRESS OF BANK OR DEPOSITORY

Evelyn M O'Donnell7329197606

NAME OF TREASURER

*TELEPHONE NUMBER (DAY)

Box 17625 Casino DRFARMINGDALE NJ 07737

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.

OCT 5 2020
DATEEvelyn M. O'Donnell
PRINT FULL NAME (CANDIDATE)Evelyn M. O'Donnell
SIGNATURE (CANDIDATE)_____
DATE_____
PRINT FULL NAME (CANDIDATE)_____
SIGNATURE (CANDIDATE)_____
DATE_____
PRINT FULL NAME (CANDIDATE)_____
SIGNATURE (CANDIDATE)OCT 5 2020
DATEEvelyn M O'Donnell
PRINT FULL NAME (TREASURER)Evelyn M O'Donnell
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)