0013 - Oct 20

FORM R-1	REPORT	OF CONTRIBUTIONS AND EXPENDITURES	REPORT	•	ONE); RE-ELECTION
ļ	P.O. Box 185, Tre 292-8700 or Toll Free V	20 -	DAY PO	E-ELECTION OST-ELECTION	
MENASON	OMMITTEE NAME	Oct	/ 15, . 15, . 15,		
STREET ADDRESS	25 Casin	ODR	Amendm		
COUNTY PAGE	date	STATE ZIP CODE 07737	/1		te Use Only ECEIVED
Monmouth Howell			Y	NOV 2	2 3 2020
POLITICAL PARTY	_'	Council Wanus			
ELECTION DATE	ELECTION TYPE (CHECK ONE)	PRIMARY MAY MUNIC		SCHOOL FIRE DIS	
SUMMARY TABL	- 	MPT TO COMPLETE TABLES I AND II UNT SCHEDULES HAVE BEEN COMPLETED	- -		
TABLE I. RECEI	PTS		THIS REP	ORT	CUMULATIVE TO DATE
		ANS OF \$300 OR LESS	\$ 3000,		\$ 3000.00
2. MONETARY CO CONTRIBUTIO	ONTRIBUTIONS IN EX NS [Schedule A]	KCESS OF \$300 AND ALL CURRENCY	\$		\$
3. IN-KIND CONTE	RIBUTIONS OF \$300	OR LESS	\$		\$
4. IN-KIND CONTI	RIBUTIONS IN EXCES	SS OF \$300 [Schedule B]	\$		\$
5. LOANS RECEIN [Schedule C]	/ED IN EXCESS OF \$	300 AND ALL CURRENCY LOANS	\$		\$
6. SUB TOTAL	-	(ADD LINES 1 THRU 5)	\$ 3000,	, וע	\$ 3000.00
7. REFUND OF CO	ONTRIBUTIONS [Adju	stment Schedule] (-)	\$		\$
8. TOTAL CONTR	IBUTIONS		\$ 3000·	N.	\$ 3000.00
9. ADD FUNDS TF	RANSFERRED FROM	PRIOR CAMPAIGN (+)	\$ <i>3.4</i> 53,	69	s 3453,69
10. TOTAL RECEIP	rts	(ADD LINE 8 + LINE 9)	\$6453	,69	\$6453, 69
TABLE II. EXPEN	IDITURES				
1. DISBURSEMEN	NTS - CAMPAIGN EXI	PENSES [Schedule 1(D)]	\$ 4669	,78	s 4669,78
	NTS - OTHER (Schedu	` '*	\$	 -	\$
	NTS - CONTRIBUTION COMMITTEES [Sched	NS MADE TO OTHER fule 3(D)]	\$;	\$
	NS MADE ON BEHAL int Schedules 1(D) and		\$	•	\$
5. IN-KIND CONT	RIBUTIONS OF \$300	OR LESS (TABLE I, LINE 3)	\$]	\$
6. IN-KIND CONT	RIBUTIONS IN EXCE	SS OF \$300 (TABLE I, LINE 4)	\$		\$
7. SUB TOTAL		(ADD LINES 1 THRU 6)	\$ 4669.7	8	s 4669. 18
8. REFUNDED DI	SBURSEMENTS [Scho	edule F] (-)	\$	<u>"</u>	\$
9. TOTAL EXPEN	DITURES	(LINE 7 MINUS LINE 8)	\$ 4669,	18	s 4669.78

SCHEDULE A

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

CONTRIBUTOR NAME CONTRIBUTOR ADDRESS EMPLOYER ADDRESS EMPLOYER ADDRESS EMPLOYER ADDRESS EMPLOYER ADDRESS AMOUNT(S) RECEIVED THIS PE CONTRIBUTOR ADDRESS EMPLOYER NAME CONTRIBUTOR NAME CONTRIBUTOR ADDRESS EMPLOYER ADDRESS EMPLOYER ADDRESS EMPLOYER ADDRESS EMPLOYER ADDRESS CHECK IF CURRENCY AGGREGATE AMOUNT DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PE COCCUPATION CONTRIBUTOR NAME EMPLOYER NAME CONTRIBUTOR ADDRESS EMPLOYER ADDRESS EMPLOYER ADDRESS CHECK IF CURRENCY AGGREGATE AMOUNT DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PE COCCUPATION CONTRIBUTOR ADDRESS EMPLOYER ADDRESS EMPLOYER ADDRESS EMPLOYER ADDRESS EMPLOYER ADDRESS EMPLOYER ADDRESS EMPLOYER NAME CONTRIBUTOR NAME EMPLOYER NAME CONTRIBUTOR NAME EMPLOYER NAME EMPLOYER NAME EMPLOYER NAME CONTRIBUTOR NAME EMPLOYER ADDRESS	CONTRIBUTOR NAME	EMPLOYER NAME	
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(COMPLETE THIS LINE FOR LAST PAGE USED) GRAND TOTAL \$	(COMPLETE THIS LINE FOR LAST PAGE USED) GR	AND TOTAL	\$

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

·
EMPLOYER ADDRESS
NT DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER NAME
EMPLOYER ADDRESS
NT DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER NAME
EMPLOYER ADDRESS
NT DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERIOD \$
EMPLOYER NAME
EMPLOYER ADDRESS
INT DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERIOD
 /
TOTAL, THIS PAGE \$
GRAND TOTAL \$

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

LENDER NAME		EMPLO	YER NAME		
LENDER ADDRESS		EMPLO	YER ADDR	ESS	
OCCUPATION					
CO-SIGNER NAME	- 1	EMPLO	YER NAME		<u></u>
CO-SIGNER ADDRESS		EMPLO	YER ADDRI	ESS	
OCCUPATION		AMOUN \$	IT(S) RECEI	VED THIS PERIOD	
DATE(S) RECEIVED	AGGREGATE AMOU	TNL		CHECK IF CURRENCY	
LENDER NAME		EMPLO	YER NAME		
LENDER ADDRESS		EMPLO	YERADDRE	ESS	
OCCUPATION		<u>-</u>			
CO-SIGNER NAME		EMPLO'	YER NAME		
CO-SIGNER ADDRESS		EMPLO	YER ADDRE	ESS	
OCCUPATION		AMOUN \$	T(\$) RECEI	VED THIS PERIOD	
DATE(S) RECEIVED	AGGREGATE AMOU	JNT		CHECK IF CURRENCY	
TOTAL AMOUNT OF LOANS RECEIVED T	HIS REPORT PERIO	D	\$		

ADJUSTMENT SCHEDULE

Refund of Contributions

PAYMENT DATE	CHECK NO.	F	PAYEE NAME AND	ADDRESS	REFUNDED AMOUNT
					\$
(COMPLETE THIS	LINE FOR EVERY PA	AGE USED)	TOTAL, THIS	PAGE	\$
(COMPLETE THIS	LINE FOR LAST PAC	GE USED)	GRAND TOTA	AL	\$. <u> </u>

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
05/21/01 05/201/01	1.98 J8	Staples 4514 Mg 905 07731 Howell NJ . 07731 Fitzsimmons Communications Communications 44 Hartshorn De 44 Hartshorn De 44 Hartshorn De 60 Its Post Office 66 Main St Commiggale 66 Main St Commiggale	Walking Color, Mand-outs and Mand-outs and I etters and I brint-fold-stuff postage.	5 67.68 44550.0°	€	€9
(COMPLETE THIS LINE FOR EV (COMPLETE THIS LINE FOR LA	HIS LINE FOR	/ERY PAGE USED)	TOTAL, THIS PAGE \$ GRAND TOTAL	4669.78	€ €	\$ \$
			ı			

SCHEDULE 2(D) - DISBURSEMENTS Other

PRO-RATA AMOUNT OTHERS ₩ ₩ ₩ PRO-RATA AMOUNT THIS REPORTING ENTITY ₩ ₩ 63 **FULL AMOUNT** ₩ ₩ 47 PURPOSE TOTAL, THIS PAGE **GRAND TOTAL** PAYEE NAME AND ADDRESS (COMPLETE THIS LINE FOR EVERY PAGE USED) USED) (COMPLETE THIS LINE FOR LAST PAGE CHECK NO. PAYMENT DATE

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

		Contributions made to other Candida	Candidates/Committees	
PAYMENT DATE	CHECK NO.	RECIPIENT CANDIDATE/COMMITTEE	ADDRESS	AMOUNT
				€9
(COMPLETE THIS LINE FOR EV		ERY PAGE USED)	TOTAL, THIS PAGE	\$
COMPLETE THE FOLLOWING L. SCHEDULE 3(D) GRAND TOTAL	OLLOWING LINES F	LINES FOR LAST/PAGE USED:		1. \$
ADD THE "PRO - R.	ATA AMOUNT OTHE	ADD THE "PRO - RATA AMOUNT OTHERS" COLUMN FROM SCHEDULES 1(D) AND 2(D)	£	2. \$
GRAND TOTAL OF	CONTRIBUTIONS	GRAND TOTAL OF CONTRIBUTIONS MADE TO AND ON BEHALF OF CANDIDATES/COMMITTEES	S	3. \$

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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/COMMI	TTEE	
MAILING ADDRESS		•
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
· \		
CHECK NUMBER	PAYMENT DATE	AMOUNT
		\$
NAME OF RECIPIENT CANDIDATE/COMMIT	TTEE	
MAILING ADDRESS		
WAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT
NAME OF RECIDIENT CANDIDATE/COMMIT		\$
NAME OF RECIPIENT CANDIDATE/COMMI	T VEE	
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT
NAME OF RECIPIENT CANDIDATE/COMMIT	TEE	\$
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
·		<u> </u>
CHECK NUMBER	PAYMENT DATE	AMOUNT
NAME OF RECIPIENT CANDIDATE/COMMIT	TEE	\$
THE OF REOR LETT OF THE PRODUCTION		
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT
		\$

STATEMENT OF CAMPAIGN DEPOSITORY AND CAMPAIGN	I 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.)	s 3453,69
Funds Transferred from Prior Campaign	s 3453,69
Deposits (include interest)	\$ 3000.00
Disbursements (Include bank charges)	s 4669.78
PNC Friends of Evelyn O Donnell Council	<u>\$ 1783,91</u>
DIW PAUNOID WT-07728	NAME OF ACCOUNT
EVELYN M ODUNNERS OF BANK OR DEPOSITORY 132919	-7606
NAME OF TREASURER 25 CASINO DC PARMINGINE NO	*TELEPHONE NUMBER (DAY) - 67727
ADDRESS OF TREASURER	
CERTIFICATION	
I certify that the statements on this document are true, and that the contribution amounts received designated by law. I am aware that if any of the statements are willfully false, I may be subject to put	
10/23/20 EVELYN M ODONNELL MULTINO	mull
DATE PRINT FULL NAME (CANDIDATE) (SIGNATION OF SIGNATION	URE (CANDIDATE)
	URE (CANDIDATE)
DATE PRINT FULL NAME (CANDIDATE) SIGNATURAL SIGNATURA SIGNATURAL SIGNATURAL SIGNATURAL SIGNATURAL SIGNATURAL SIGNATURA SIGNATURAL SIGNATURA SIGNATURAL SIGNATURA SIGNATU	IRE (CANDIDATE)
DATE PRINT FULL NAME (TREASURER) SIGNATU	JRE (TREASURER)
Treasurers for Gubernatorial and Legislative candidates are required to receive training with the Ne Enforcement Commission. Check here if you have completed the training and enter your Treasure.	-
DECLARATION OF FINAL REPORT	
If this is the final report, sign applicable Declaration below as well as Certification above. Chapter 69 that all filing entities continue to file reports with the Commission until all campaign business is would	•
I certify that all contributions or other monies received by this election fund have been disbursed loans or other obligations, and that the election fund has wound up its business and has been d	d, that there are no outstanding issolved.
DATE PRINT FULL NAME (CANDIDATE) SIGNAT	URE (CANDIDATE)
DATE PRINT FULL NAME (CANDIDATE) SIGNAT	URE (CANDIDATE)
DATE PRINT FULL NAME (CANDIDATE) SIGNAT	URE (CANDIDATE)
DATE PRINT FULL NAME (TREASURER) SIGNATU	JRE (TREASURER)

New Jersey Election Law Enforcement Commission

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*Leave this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 47:1A-1.1, an unlisted telephone number is not a public record and must not be provided on this form.