Oct 3 - Oct 20

FORM R-1	REPORT OF CONTRIBUTIONS AND EXPENDITURES

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
Friends of Brelyn O'Donnell for Council

STREET ADDRESS
Box 176 25 Casino DR

Amendment Yes [ ]   No [X]

CITY
Farmingdale

STATE
N.J.

ZIP CODE
07727

For State Use Only
ELEC RECEIVED
NOV 23 2020

COUNTY
Monmouth

ELECTION DISTRICT OR MUNICIPALITY
Howell

POLITICAL PARTY, IF ANY
Republican

OFFICE SOUGHT
Council woman

ELECTION DATE
11-3-20

ELECTION TYPE (CHECK ONE)
- [ ] PRIMARY
- [X] GENERAL
- [ ] MAY MUNICIPAL
- [ ] RUN-OFF
- [ ] SCHOOL
- [ ] FIRE DISTRICT
- [ ] 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	$ 3000.	$ 3000.00
2. MONETARY CONTRIBUTIONS IN EXCESS OF $300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]	$ ——	$ ——
3. IN-KIND CONTRIBUTIONS OF $300 OR LESS	$ ——	$ ——
4. IN-KIND CONTRIBUTIONS IN EXCESS OF $300 [Schedule B]	$ ——	$ ——
5. LOANS RECEIVED IN EXCESS OF $300 AND ALL CURRENCY LOANS [Schedule C]	$ ——	$ ——
6. SUB TOTAL (ADD LINES 1 THRU 5)	$ 3000.00	$ 3000.00
7. REFUND OF CONTRIBUTIONS [Adjustment Schedule] (-)	$ ——	$ ——
8. TOTAL CONTRIBUTIONS	$ 3000.00	$ 3000.00
9. ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)	$ 3453.69	$ 3453.69
10. TOTAL RECEIPTS (ADD LINE 8 + LINE 9)	$ 6453.69	$ 6453.69

TABLE II. EXPENDITURES	THIS REPORT	CUMULATIVE TO DATE
1. DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]	$ 4669.78	$ 4669.78
2. DISBURSEMENTS - OTHER [Schedule 2(D)]	$ ——	$ ——
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)	$ ——	$ ——
6. IN-KIND CONTRIBUTIONS IN EXCESS OF $300 (TABLE I, LINE 4)	$ ——	$ ——
7. SUB TOTAL (ADD LINES 1 THRU 6)	$ 4669.78	$ 4669.78
8. REFUNDED DISBURSEMENTS [Schedule F] (-)	$ ——	$ ——
9. TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)	$ 4669.78	$ 4669.78

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

CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
	CHECK IF CURRENCY ☐	AGGREGATE AMOUNT $	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD $
OCCUPATION				

CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
	CHECK IF CURRENCY ☐	AGGREGATE AMOUNT $	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD $
OCCUPATION				

CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
	CHECK IF CURRENCY ☐	AGGREGATE AMOUNT $	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD $
OCCUPATION				

CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
	CHECK IF CURRENCY ☐	AGGREGATE AMOUNT $	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD $
OCCUPATION				

CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
	CHECK IF CURRENCY ☐	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		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 ☐

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 ☐

TOTAL AMOUNT OF LOANS RECEIVED THIS REPORT PERIOD	$

ADJUSTMENT SCHEDULE

Refund of Contributions

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
10/12/20	Debit	Staples 4514 Rt 9 Howell NJ. 07731	Walking (color) hand-outs and water	$67.68	$	$
10/14/20	1061	Fitzsimmons Communications 44 Hartshorn DR Colts Neck NJ. 07722	Letters print-fold-stuff stamp + mail	$4550.00		
10/14/20	Debit	US Post office 66 Main St Farmingdale NJ.	postage	$52.10		
			TOTAL, THIS PAGE (COMPLETE THIS LINE FOR EVERY PAGE USED)	$ 4669 78	$	$
			GRAND TOTAL (COMPLETE THIS LINE FOR LAST PAGE USED)	$ 4669.78	$	$

FORM R-1 Revised 02.28.2018

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

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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

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.)

$ 3453.69

Funds Transferred from Prior Campaign

$ 3453.69

Deposits (Include interest)

$ 3000.00

Disbursements (Include bank charges)

$ 4669.78

Closing Balance, this Report

$ 1783.91

PNC   Friends of Evelyn ODonnell For Council

NAME OF BANK OR DEPOSITORY   NAME OF ACCOUNT

50 rt 9 Freehold NJ. 07728

EVELYN M ODONNELL ADDRESS OF BANK OR DEPOSITORY 132919-7606

NAME OF TREASURER   *TELEPHONE NUMBER (DAY)

Box 176 25 Casino Dc FARMINGVILLE NJ. 07727

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.

| 10/23/20 | EVELYN M ODONNELL | _(signature)_ |
| DATE | PRINT FULL NAME (CANDIDATE) | SIGNATURE (CANDIDATE) |

Evelyn M OD

| | | |
| DATE | PRINT FULL NAME (CANDIDATE) | SIGNATURE (CANDIDATE) |

| | | |
| DATE | PRINT FULL NAME (CANDIDATE) | SIGNATURE (CANDIDATE) |

| 10/23/20 | EVELYN M ODONNELL | _(signature)_ |
| 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) |