

FORM R-1	REPORT OF CONTRIBUTIONS AND EXPENDITURES	REPORT (CHECK ONE):
<b>NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION</b> P.O. Box 185, Trenton, NJ 08625-0185 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) www.elec.state.nj.us		<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, _____
CANDIDATE OR COMMITTEE NAME <i>TRENTON'S BAD BET</i>		<b>For State Use Only</b>  <b>ELEC RECEIVED</b>  <b>OCT 11 2016</b>
STREET ADDRESS <i>PO BOX 5038</i>		
CITY <i>NEWARK</i>	STATE <i>NJ</i>	ZIP CODE <i>07105</i>
COUNTY <i>ESSEX</i>	ELECTION DISTRICT OR MUNICIPALITY <i>STATE OF NEW JERSEY</i>	
POLITICAL PARTY, IF ANY <i>N/A - POLITICAL QUESTION</i>	OFFICE SOUGHT <i>POLITICAL QUESTION</i>	
ELECTION DATE <i>11/8/2016</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
<b>SUMMARY TABLES</b> DO NOT ATTEMPT TO COMPLETE TABLES I AND II UNTIL APPROPRIATE SCHEDULES HAVE BEEN COMPLETED		
<b>TABLE I. RECEIPTS</b>		
	THIS REPORT	CUMULATIVE TO DATE
1. MONETARY CONTRIBUTIONS / LOANS OF \$300 OR LESS	\$ 38.00	\$ 38.00
2. MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]	\$ 11,600,000.00	\$ 11,600,000.00
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)	\$ 11,600,038.00	\$ 11,600,038.00
7. REFUND OF CONTRIBUTIONS [Adjustment Schedule] (-)	\$ -	\$ -
8. TOTAL CONTRIBUTIONS	\$ 11,600,038.00	\$ 11,600,038.00
9. ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)	\$ -	\$ -
10. TOTAL RECEIPTS (ADD LINE 8 + LINE 9)	\$ 11,600,038.00	\$ 11,600,038.00
<b>TABLE II. EXPENDITURES</b>		
	THIS REPORT	CUMULATIVE TO DATE
1. DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]	\$ 11,323,867.72	\$ 11,323,867.72
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)	\$ 11,323,867.72	\$ 11,323,867.72
8. REFUNDED DISBURSEMENTS [Schedule F] (-)	\$ -	\$ -
9. TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)	\$ 11,323,867.72	\$ 11,323,867.72

**SCHEDULE A**

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

CONTRIBUTOR NAME EMPIRE RESORTS, INC.		EMPLOYER NAME —		
CONTRIBUTOR ADDRESS PO BOX 5013		EMPLOYER ADDRESS —		
MONTICELLO NY 12701		—		
<input type="checkbox"/>	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 1,955,000.00	DATE(S) RECEIVED 8/31/16 9/1/16 9/14/16	AMOUNT(S) RECEIVED THIS PERIOD \$ 760,000.00 1,045,000.00 190,000.00
OCCUPATION —				
CONTRIBUTOR NAME GENTING NEW YORK LLC		EMPLOYER NAME —		
CONTRIBUTOR ADDRESS 110-00 ROCKAWAY BLVD		EMPLOYER ADDRESS —		
JAMAICA NY 11420		—		
<input type="checkbox"/>	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 6,140,000.00	DATE(S) RECEIVED 7/29/2016 8/2/2016	AMOUNT(S) RECEIVED THIS PERIOD \$ 104,000.00 450,000.00
OCCUPATION —				
CONTRIBUTOR NAME "		EMPLOYER NAME 8/4/2016 450,000.00 8/8/2016 450,000.00		
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS 8/10/2016 466,000.00 8/30/2016 440,000.00		
		9/1/2016 440,000.00 9/6/2016 440,000.00		
<input type="checkbox"/>	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED 9/13/2016 9/14/2016	AMOUNT(S) RECEIVED THIS PERIOD \$ 440,000.00 440,000.00
OCCUPATION				
CONTRIBUTOR NAME "		EMPLOYER NAME 9/16/2016 440,000.00 9/19/2016 480,000.00		
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS 9/28/2016 550,000.00 9/30/2016 550,000.00		
<input type="checkbox"/>	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
CONTRIBUTOR NAME JEMB RESORTS LLC		EMPLOYER NAME —		
CONTRIBUTOR ADDRESS 150 BROADWAY STE 800		EMPLOYER ADDRESS —		
NEW YORK NY 10038		—		
<input type="checkbox"/>	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 1,235,000.00	DATE(S) RECEIVED 8/31/2016 9/9/2016 9/16/2016	AMOUNT(S) RECEIVED THIS PERIOD \$ 909,292.00 135,708.00 190,000.00
OCCUPATION —				
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	\$ 9,370,000.00	
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$	

## SCHEDULE A

### Monetary Contributions In Excess of \$300 and All Currency Contributions

CONTRIBUTOR NAME PAULETTE BAILEY		EMPLOYER NAME NONE	
CONTRIBUTOR ADDRESS 1021 E 8TH ST		EMPLOYER ADDRESS	
BROOKLYN NY 11230			
<input type="checkbox"/>	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$760,000.00	DATE(S) RECEIVED 8/5/2016
OCCUPATION UNEMPLOYED		AMOUNT(S) RECEIVED THIS PERIOD \$ 760,000.00	
CONTRIBUTOR NAME YONKERS RACING CORPORATION		EMPLOYER NAME —	
CONTRIBUTOR ADDRESS 810 YONKERS AVE		EMPLOYER ADDRESS —	
YONKERS NY 10704			
<input type="checkbox"/>	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$1,470,000.00	DATE(S) RECEIVED 8/1/2016 9/13/2016 9/21/2016
OCCUPATION —		AMOUNT(S) RECEIVED THIS PERIOD \$ 560,000.00 770,000.00 140,000.00	
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
<input type="checkbox"/>	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED
OCCUPATION		AMOUNT(S) RECEIVED THIS PERIOD \$	
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
<input type="checkbox"/>	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED
OCCUPATION		AMOUNT(S) RECEIVED THIS PERIOD \$	
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
<input type="checkbox"/>	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED
OCCUPATION		AMOUNT(S) RECEIVED THIS PERIOD \$	
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	\$ 2,230,000.00
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$ 11,600,000.00

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

CONTRIBUTOR NAME <p align="center">N / A</p>		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)			
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)			
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>		<b>TOTAL, THIS PAGE</b>	<b>\$</b>
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>		<b>GRAND TOTAL</b>	<b>\$</b>

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

LENDER NAME <i>N/A</i>		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 Contributions**

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	REFUNDED AMOUNT
		N/A	\$
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>		<b>TOTAL, THIS PAGE</b>	<b>\$</b> _____
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>		<b>GRAND TOTAL</b>	<b>\$</b> _____

**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
8/1	WT	FPI STRATEGIES LLC PO BOX 16504 ALEXANDRIA VA 22302	CONSULTING; ADVERTISING	\$ 104,000.00	\$ N/A	\$ N/A
8/12	WT	"	"	143,000		
8/12	WT	"	"	110,000		
8/23	WT	"	"	190,000		
9/1	WT	"	"	262,500		
9/7	WT	"	"	22,000		
9/14	WT	"	"	58,000		
9/15	WT	"	"	262,500		
9/27	WT	"	"	85,773		
10/7	WT	"	"	412,681.15		
9/15	21002	HALTZEMAN VOGEL JOSEPH TORCHINSKY PLLC 45 N HILL DR STE 100 WARRENTON VA 20186	LEGAL SERVICES	10,959.27		
8/23	21001	"	LEGAL SERVICES	7,763.70		
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>				<b>TOTAL, THIS PAGE</b>	\$ —	\$ —
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>				<b>GRAND TOTAL</b>	\$ —	\$ —

**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
8/10	WT	MAIN STREET MEDIA GROUP PO BOX 25093 ALEXANDRIA VA 22313	ADVERTISING	\$2,177,981.81	\$	\$
8/29	WT	"	"	35,526.00	-	-
9/1	WT	"	"	1,818,235.10	-	-
9/15	WT	"	"	1,813,151.54	-	-
9/30	WT	"	"	2,035,243.70	-	-
10/5	WT	"	"	9,498.68	-	-
8/12	WT	MARATHON STRATEGICS LLC 38 E 29TH ST FL 4 NEW YORK NY 10016	CONSULTING	\$2,500.00	-	-
8/23	<del>1801</del>	SKD KNICKELBECKER LLC 1150 18TH ST NW STE 800 WASHINGTON DC 20036	VOTER CONTACT MAIL & PHONES	623,237.14	-	-
8/29	WT	"	VOTER CONTACT PHONES	43,162.86	-	-
9/21	WT	"	VOTER CONTACT MAIL	1,013,940.00	-	-
(COMPLETE THIS LINE FOR EVERY PAGE USED)				TOTAL, THIS PAGE	\$ 9,622,470.85	\$ -
(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
9/14/17	WT	WILLIAM E CORNISI JR 39 KOSSUTH ST FL 2 NEWARK NJ 07105	CONSULTING, TRAVEL REIMBURSEMENT	\$ 16,456.71	\$ N/A	\$ N/A
10/7/17	WT	"	"	15,760.00		
(COMPLETE THIS LINE FOR EVERY PAGE USED)				TOTAL, THIS PAGE	\$ 37,216.71	\$ -
(COMPLETE THIS LINE FOR LAST PAGE USED)				GRAND TOTAL	\$ 11,323,867.72	\$ -

**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
			N/A	\$	\$	\$
(COMPLETE THIS LINE FOR EVERY PAGE USED)				TOTAL, THIS PAGE	\$	\$
(COMPLETE THIS LINE FOR LAST PAGE USED)				GRAND TOTAL	\$	\$

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

PAYMENT DATE	CHECK NO.	RECIPIENT CANDIDATE/COMMITTEE	ADDRESS	AMOUNT
		N/A		\$
(COMPLETE THIS LINE FOR EVERY PAGE USED)				TOTAL, THIS PAGE \$ _____
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
		N / A		\$
			TOTAL OUTSTANDING OBLIGATIONS	\$

**SCHEDULE F**  
**Refunded Disbursements**

Date(s)	Check #	Full Name	Address	Description	Amount
			N / A		\$
				SCHEDULE F TOTAL	\$

**SCHEDULE G**  
**Recipients of In-Kind Contributions**

NAME OF RECIPIENT CANDIDATE/COMMITTEE		
N/A		
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.) \$ 0

**Funds Transferred from Prior Campaign**

\$ —

**Deposits (Include interest)**

\$ 11,600,536.58

**Disbursements (Include bank charges)**

\$ 11,324,622.16

**Closing Balance, this Report**

\$ 275,914.42

WELLS FARGO

BAD BETS, INC

NAME OF BANK OR DEPOSITORY

NAME OF ACCOUNT

420 MONTGOMERY ST, SAN FRANCISCO CA 94104

ADDRESS OF BANK OR DEPOSITORY

CHRIS MARSTON

540-341-8808

NAME OF TREASURER


\*TELEPHONE NUMBER (DAY)

45 N HILL DR STE 100, WARRENTON VA 20186

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.

DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
<u>10/10/2016</u>	<u>CHRISTOPHER M MARSTON</u>	
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)