

<b>FORM R-1</b>		<b>REPORT OF CONTRIBUTIONS AND EXPENDITURES</b>		<b>REPORT (CHECK ONE):</b> <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, _____	
<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) <a href="http://www.elec.nj.gov">www.elec.nj.gov</a>				<b>For State Use Only</b> <b>ELEC RECEIVED</b> <b>APR 09 2018</b>	
CANDIDATE OR COMMITTEE NAME O'Donnell Team For Bayonne					
STREET ADDRESS 308 Ave A					
CITY Bayonne	STATE NJ	ZIP CODE 07002			
COUNTY Hudson	ELECTION DISTRICT OR MUNICIPALITY Bayonne				
POLITICAL PARTY, IF ANY		OFFICE SOUGHT Council race			
ELECTION DATE 5/8/18		ELECTION TYPE (CHECK ONE) <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input checked="" type="checkbox"/> MAY MUNICIPAL <input type="checkbox"/> RUN-OFF			
		<input type="checkbox"/> SCHOOL <input type="checkbox"/> FIRE DISTRICT			
<b>SUMMARY TABLES</b> DO NOT ATTEMPT TO COMPLETE TABLES I AND II UNTIL APPROPRIATE SCHEDULES HAVE BEEN COMPLETED					
<b>TABLE I. RECEIPTS</b>				<b>THIS REPORT</b>	<b>CUMULATIVE TO DATE</b>
1. MONETARY CONTRIBUTIONS / LOANS OF \$300 OR LESS				\$ 4,375	\$ 4,375
2. MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]				\$ 132,600	\$ 144,400
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)				\$ 136,975	\$ 148,775
7. REFUND OF CONTRIBUTIONS [Adjustment Schedule] (-)				\$	\$
8. TOTAL CONTRIBUTIONS				\$ 136,975	\$ 148,775
9. ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)				\$	\$
10. TOTAL RECEIPTS (ADD LINE 8 + LINE 9)				\$ 136,975	\$ 148,775
<b>TABLE II. EXPENDITURES</b>					
1. DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]				\$ 84,536.10	\$ 84,536.10
2. DISBURSEMENTS - OTHER [Schedule 2(D)]				\$ 450	\$ 450
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)				\$ 84,986.10	\$ 84,986.10
8. REFUNDED DISBURSEMENTS [Schedule F] (-)				\$	\$
9. TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)				\$ 84,986.10	\$ 84,986.10

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

CONTRIBUTOR NAME Richard A. Alaimo Association of Engineers			EMPLOYER NAME	
CONTRIBUTOR ADDRESS 200 High St, Mount Holly, NJ			EMPLOYER ADDRESS	
5600	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED 1/16/18	AMOUNT(S) RECEIVED THIS PERIOD \$ 1,000.00
OCCUPATION				
CONTRIBUTOR NAME New Jersey State Laborers' PAC Non-Federal Account			EMPLOYER NAME	
CONTRIBUTOR ADDRESS 104 Interchange Plz, Monroe Twp, NJ			EMPLOYER ADDRESS	
14659	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED 1/25/18	AMOUNT(S) RECEIVED THIS PERIOD \$ 41,000.00
OCCUPATION				
CONTRIBUTOR NAME Hodulik & Morrison, P.A.			EMPLOYER NAME Bob Morrison	
CONTRIBUTOR ADDRESS PO Box 1450, Highland Park, NJ			EMPLOYER ADDRESS	
9579	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED 1/31/18	AMOUNT(S) RECEIVED THIS PERIOD \$ 7,800.00
OCCUPATION Accountant/ Principal				
CONTRIBUTOR NAME DMR Construction Services, INC.			EMPLOYER NAME	
CONTRIBUTOR ADDRESS 160 Hopper Ave Waldwick, NJ			EMPLOYER ADDRESS	
33490	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED 2/1/18	AMOUNT(S) RECEIVED THIS PERIOD \$ 500.00
OCCUPATION				
CONTRIBUTOR NAME Jose Resendiz Perez			EMPLOYER NAME	
CONTRIBUTOR ADDRESS 579 Avenue A, Bayonne, NJ			EMPLOYER ADDRESS	
199	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED 2/2/18	AMOUNT(S) RECEIVED THIS PERIOD \$ 500.00
OCCUPATION				
(COMPLETE THIS LINE FOR EVERY PAGE USED)			TOTAL, THIS PAGE	\$ 50,800.00
(COMPLETE THIS LINE FOR LAST PAGE USED)			GRAND TOTAL	\$

# SCHEDULE A

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

CONTRIBUTOR NAME <b>Diane Heaney</b>			EMPLOYER NAME	
CONTRIBUTOR ADDRESS <b>138 W 5th St Bayonne, NJ</b>			EMPLOYER ADDRESS	
<b>290</b>	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED <b>2/2/18</b>	AMOUNT(S) RECEIVED THIS PERIOD \$ <b>\$500.00</b>
OCCUPATION <b>Secretary</b>				
CONTRIBUTOR NAME <b>Rosemarie Demarco</b>			EMPLOYER NAME <b>Self Employed</b>	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
<b>52073</b>	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED <b>2/2/18</b>	AMOUNT(S) RECEIVED THIS PERIOD \$ <b>\$2,600.00</b>
OCCUPATION <b>Consultant</b>				
CONTRIBUTOR NAME <b>William Heaney</b>			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
<b>99 W 14th St Bayonne, NJ</b>				
<b>650</b>	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED <b>2/2/18</b>	AMOUNT(S) RECEIVED THIS PERIOD \$ <b>\$2,600.00</b>
OCCUPATION <b>Construction Managment</b>				
CONTRIBUTOR NAME <b>Bayside Residential Maintenance</b>			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
<b>99 W 14th St, Bayonne, NJ</b>				
<b>1298</b>	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED <b>2/2/18</b>	AMOUNT(S) RECEIVED THIS PERIOD \$ <b>\$2,600.00</b>
OCCUPATION				
CONTRIBUTOR NAME <b>Matthew Dym</b>			EMPLOYER NAME <b>OMD USA</b>	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
<b>39 E 45th St, Bayonne, NJ</b>			<b>195 Broadway New York, NY</b>	
<b>2487920373</b>	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED <b>2/3/18</b>	AMOUNT(S) RECEIVED THIS PERIOD \$ <b>\$1,000.00</b>
OCCUPATION <b>Junior Analyst</b>				
(COMPLETE THIS LINE FOR EVERY PAGE USED)			TOTAL, THIS PAGE	\$ <b>\$9,300.00</b>
(COMPLETE THIS LINE FOR LAST PAGE USED)			GRAND TOTAL	\$

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

CONTRIBUTOR NAME <b>Mott Macdonald</b>			EMPLOYER NAME	
CONTRIBUTOR ADDRESS <b>111 Wood Ave S, Iselin, NJ</b>			EMPLOYER ADDRESS	
<b>223031</b>	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED <b>2/9/18</b>	AMOUNT(S) RECEIVED THIS PERIOD \$ <b>\$500.00</b>
OCCUPATION <b>Engeneering &amp; Construction Principal</b>				
CONTRIBUTOR NAME <b>Eric M. Bernstein &amp; Assoc.</b>			EMPLOYER NAME	
CONTRIBUTOR ADDRESS <b>PO Box 4922, Warren, NJ</b>			EMPLOYER ADDRESS	
<b>9672</b>	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED <b>2/12/18</b>	AMOUNT(S) RECEIVED THIS PERIOD \$ <b>\$2,500.00</b>
OCCUPATION				
CONTRIBUTOR NAME <b>Eric M. Bernstein &amp; Assoc.</b>			EMPLOYER NAME	
CONTRIBUTOR ADDRESS <b>PO Box 4922, Warren, NJ</b>			EMPLOYER ADDRESS	
<b>9681</b>	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED <b>2/20/18</b>	AMOUNT(S) RECEIVED THIS PERIOD \$ <b>\$2,500.00</b>
OCCUPATION				
CONTRIBUTOR NAME <b>Pipefitters Local Union 274 PAC Fund</b>			EMPLOYER NAME	
CONTRIBUTOR ADDRESS <b>205 Jefferson Rd, Parsippany, NJ</b>			EMPLOYER ADDRESS	
<b>3342</b>	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED <b>2/21/18</b>	AMOUNT(S) RECEIVED THIS PERIOD \$ <b>\$5,000.00</b>
OCCUPATION				
CONTRIBUTOR NAME <b>Richard A. Alaimo Association of Engineers</b>			EMPLOYER NAME	
CONTRIBUTOR ADDRESS <b>200 High St, Mount Holly, NJ</b>			EMPLOYER ADDRESS	
<b>5612</b>	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED <b>2/22/18</b>	AMOUNT(S) RECEIVED THIS PERIOD \$ <b>\$2,500.00</b>
OCCUPATION				
(COMPLETE THIS LINE FOR EVERY PAGE USED)			TOTAL, THIS PAGE	\$ <b>\$13,000.00</b>
(COMPLETE THIS LINE FOR LAST PAGE USED)			GRAND TOTAL	\$

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

CONTRIBUTOR NAME Ferraioli, Wielkotz, Cerullo & Cuva P.A			EMPLOYER NAME Charles J. Ferraioli, Jr.	
CONTRIBUTOR ADDRESS  401 Wanaque Ave, Pompton Lakes, NJ			EMPLOYER ADDRESS	
5270	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED 2/26/18	AMOUNT(S) RECEIVED THIS PERIOD \$ 2,500.00
OCCUPATION Partner				
CONTRIBUTOR NAME Hodulik & Morrison, P.A.			EMPLOYER NAME Bob Morrison	
CONTRIBUTOR ADDRESS  PO Box 1450 Highland Park NJ			EMPLOYER ADDRESS	
9606	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED 2/27/18	AMOUNT(S) RECEIVED THIS PERIOD \$ 1,200.00
OCCUPATION Accountant/ Principal				
CONTRIBUTOR NAME Sheet Metal Workers Local No. 25			EMPLOYER NAME	
CONTRIBUTOR ADDRESS  440 Barell Ave, Carlstadt, NJ			EMPLOYER ADDRESS	
2404	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED 2/27/18	AMOUNT(S) RECEIVED THIS PERIOD \$ 2,500.00
OCCUPATION				
CONTRIBUTOR NAME McManimon, Scotland & Baumann, LLC			EMPLOYER NAME Joseph Baumann Jr	
CONTRIBUTOR ADDRESS  75 Livingston Ave, Roseland, NJ			EMPLOYER ADDRESS	
120563	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED 2/28/18	AMOUNT(S) RECEIVED THIS PERIOD \$ 2,500.00
OCCUPATION Member and Chairman				
CONTRIBUTOR NAME Murphy Orlando LLC			EMPLOYER NAME Michael Murphy	
CONTRIBUTOR ADDRESS 30 Montgomery Street, 11th Floor, Jersey City, NJ			EMPLOYER ADDRESS	
2478	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED 2/28/18	AMOUNT(S) RECEIVED THIS PERIOD \$ 2,500.00
OCCUPATION Attorney				
(COMPLETE THIS LINE FOR EVERY PAGE USED)			TOTAL, THIS PAGE	\$ 11,200.00
(COMPLETE THIS LINE FOR LAST PAGE USED)			GRAND TOTAL	\$

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

CONTRIBUTOR NAME Operating Engineers Local 825			EMPLOYER NAME	
CONTRIBUTOR ADDRESS 65 Springfield Ave, Springfield, NJ			EMPLOYER ADDRESS	
2268	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED 3/6/18	AMOUNT(S) RECEIVED THIS PERIOD \$ 41,000.00
OCCUPATION				
CONTRIBUTOR NAME Bonnie Watson Coleman for Congress			EMPLOYER NAME Bonnie Watson Coleman	
CONTRIBUTOR ADDRESS 918 Pennsylvania Ave SE, Washington, DC			EMPLOYER ADDRESS 180 Upland Avenue, Ewing, NJ	
1474	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED 3/15/18	AMOUNT(S) RECEIVED THIS PERIOD \$ 2,000.00
OCCUPATION U.S. State Representative				
CONTRIBUTOR NAME Melissa Roy			EMPLOYER NAME Self Employed	
CONTRIBUTOR ADDRESS 631 North Carolina SE # 1 Washington DC			EMPLOYER ADDRESS	
341	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED 3/15/18	AMOUNT(S) RECEIVED THIS PERIOD \$ 5,000.00
OCCUPATION Consultant				
CONTRIBUTOR NAME Cynthia Taffet			EMPLOYER NAME Avenel Pharmacy	
CONTRIBUTOR ADDRESS 5 Stage Coach Run, East Brunswick, NJ			EMPLOYER ADDRESS 994 Rahway Ave, Avenel, NJ	
6779	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED 3/18/18	AMOUNT(S) RECEIVED THIS PERIOD \$ 300.00
OCCUPATION Registered Pharmacist				
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	\$ 48,300.00
(COMPLETE THIS LINE FOR LAST PAGE USED)			GRAND TOTAL	\$ 132,600.00

**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)			
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		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
			\$
(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
1/19/18		Harland Clarke check Orders	Campaign Check book	\$107.02		
11/17/18	1004	PSE&G	Utility Bill	\$427.08		
2/15/18	1005	Organizing Montrass Group INC 518 Old Post Road Suite 7 #165 Edison NJ 08817	Accounting/Payroll Services	\$30,000		
2/28/18		TD Bank	Bank Statement Fee	\$2		
3/17/18	1007	KNS Strategies 359 Broadway, Bayonne NJ	Consulting services	\$54,000		
(COMPLETE THIS LINE FOR EVERY PAGE USED)			TOTAL, THIS PAGE	\$84,536.10		
(COMPLETE THIS LINE FOR LAST PAGE USED)			GRAND TOTAL	\$84,536.10		

# **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
3/1/18	1006	Bayonne Scouts Endowment 25 West 8th Street Bayonne, NJ 07002	Fundraiser Tickets	\$ 450	\$	\$
(COMPLETE THIS LINE FOR EVERY PAGE USED)				\$ 450	\$	\$
(COMPLETE THIS LINE FOR LAST PAGE USED)				\$ 450	\$	\$
TOTAL, THIS PAGE				\$ 450	\$	\$
GRAND TOTAL				\$ 450	\$	\$

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

PAYMENT DATE	CHECK NO.	RECIPIENT CANDIDATE/COMMITTEE	ADDRESS	AMOUNT
				\$
(COMPLETE THIS LINE FOR EVERY PAGE USED)				\$
<p>COMPLETE THE FOLLOWING LINES FOR LAST PAGE USED:</p> <p>SCHEDULE 3(D) GRAND TOTAL</p> <p>ADD THE "PRO - RATA AMOUNT OTHERS" COLUMN FROM SCHEDULES 1(D) AND 2(D)</p> <p>GRAND TOTAL OF CONTRIBUTIONS MADE TO AND ON BEHALF OF CANDIDATES/COMMITTEES</p>				
				1. \$
				2. \$
				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.)

\$ 11,800

## Funds Transferred from Prior Campaign

\$

## Deposits (Include interest)

\$ 136,975

## Disbursements (Include bank charges)

\$ 84,536.10

## Closing Balance, this Report

\$ 64,238.90

TD Bank

NAME OF BANK OR DEPOSITORY

1066 Broadway, Bayonne NJ 07002

NAME OF ACCOUNT

Team O'Donnell 2018

ADDRESS OF BANK OR DEPOSITORY

Michael Mulcahy

201-243-9620

NAME OF TREASURER

13 Story Ct, Bayonne NJ 07002

\*TELEPHONE NUMBER (DAY)

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.

4-8-18

DATE

KEVIN KUH

PRINT FULL NAME (CANDIDATE)

SIGNATURE (CANDIDATE)

4-8-18

DATE

Melissa Rada

PRINT FULL NAME (CANDIDATE)

SIGNATURE (CANDIDATE)

DATE

PRINT FULL NAME (CANDIDATE)

SIGNATURE (CANDIDATE)

4/8/18

DATE

Michael E. Mulcahy

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)

# 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.)

\$ \_\_\_\_\_

## Funds Transferred from Prior Campaign

\$ \_\_\_\_\_

## Deposits (Include interest)

\$ \_\_\_\_\_

## Disbursements (Include bank charges)

\$ \_\_\_\_\_

## Closing Balance, this Report

\$ \_\_\_\_\_

NAME OF BANK OR DEPOSITORY

NAME OF ACCOUNT

ADDRESS OF BANK OR DEPOSITORY

NAME OF TREASURER

\*TELEPHONE NUMBER (DAY)

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.

4/8/18

DATE

Matthew Klimansky

PRINT FULL NAME (CANDIDATE)

*Matthew Klimansky*

SIGNATURE (CANDIDATE)

4-8-18

DATE

Daniel Ward

PRINT FULL NAME (CANDIDATE)

*Daniel Ward*

SIGNATURE (CANDIDATE)

4-8-18

DATE

Sharna Montgomery

PRINT FULL NAME (CANDIDATE)

*Sharna Montgomery*

SIGNATURE (CANDIDATE)

4-8-18

DATE

Michael E. Mulany

PRINT FULL NAME (TREASURER)

*Michael E. Mulany*

SIGNATURE (TREASURER)

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☐ 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)