

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.state.nj.us		For State Use Only ELEC RECEIVED OCT 13 2017	
CANDIDATE OR COMMITTEE NAME Team Romano			
STREET ADDRESS 2 Marine View Plz #22A			
CITY Hoboken	STATE NJ		ZIP CODE 07030
COUNTY Hudson	ELECTION DISTRICT OR MUNICIPALITY Hoboken		
POLITICAL PARTY, IF ANY Democratic	OFFICE SOUGHT Mayor & Town Council		
ELECTION DATE 11/7/2017	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	
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		\$ 100.00	\$ 100.00
2. MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]		\$ 7,300.00	\$ 7,300.00
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)		\$ 7,400.00	\$ 7,400.00
7. REFUND OF CONTRIBUTIONS [Adjustment Schedule] (-)		\$ -	\$ -
8. TOTAL CONTRIBUTIONS		\$ 7,400.00	\$ 7,400.00
9. ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)		\$ -	\$ -
10. TOTAL RECEIPTS (ADD LINE 8 + LINE 9)		\$ 7,400.00	\$ 7,400.00
TABLE II. EXPENDITURES			
1. DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]		\$ 5,053.34	\$ 5,053.34
2. DISBURSEMENTS - OTHER [Schedule 2(D)]		\$ 300.00	\$ 300.00
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)		\$ 5,353.34	\$ 5,353.34
8. REFUNDED DISBURSEMENTS [Schedule F] (-)		\$ -	\$ -
9. TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)		\$ 5,353.34	\$ 5,353.34

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

CONTRIBUTOR NAME James Lisa, Esq.			EMPLOYER NAME Self		
CONTRIBUTOR ADDRESS 921 Bergen Ave Ste #1001			EMPLOYER ADDRESS		
Jersey City, NJ					
07306	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 6,800.00	DATE(S) RECEIVED 08/28/2017	AMOUNT(S) RECEIVED THIS PERIOD \$ 6,800.00	
OCCUPATION Attorney					
CONTRIBUTOR NAME Port Imperial Therapy Group			EMPLOYER NAME N/A		
CONTRIBUTOR ADDRESS 500 Avenue at Port Imperial Suite B			EMPLOYER ADDRESS		
Weehawken, NJ					
07086	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 500.00	DATE(S) RECEIVED 09/25/17	AMOUNT(S) RECEIVED THIS PERIOD \$ 500.00	
OCCUPATION N/A					
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	\$ 7,300.00	
(COMPLETE THIS LINE FOR LAST PAGE USED)			GRAND TOTAL	\$ 7,300.00	

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

CONTRIBUTOR NAME N/A		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 N/A		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		\$ N/A	

ADJUSTMENT SCHEDULE
Refund of Contributions

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	REFUNDED AMOUNT
		N/A	\$
(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
09/09/2017	2048	Jose Alcantara 6100 Highland Pl West New York, NJ 07093	Reimburse Canvas Breakfast	\$ 38.92	\$	\$
09/30/2017	2250	Fonseca Consulting Group 188 Jefferson St Newark, NJ 07105	Consulting Fee	5,000.00		
09/27/2017	DR	Bayonne Community Bank 591-595 Avenue C Bayonne, NJ 07002	Check Printing Fee	14.42		
TOTAL, THIS PAGE				\$ 5,053.34	\$	\$
GRAND TOTAL				\$ 5,053.34	\$	\$

(COMPLETE THIS LINE FOR EVERY PAGE USED)

(COMPLETE THIS LINE FOR LAST PAGE USED)

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
08/30/2017	2047	Circulo Hispano Americano 382 Broadway Bayonne, NJ 07002	Block Party Donation	\$ 300.00	\$	\$
TOTAL, THIS PAGE				\$ 300.00	\$	\$
GRAND TOTAL				\$ 300.00	\$	\$
(COMPLETE THIS LINE FOR EVERY PAGE USED)						
(COMPLETE THIS LINE FOR LAST PAGE USED)						

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)				\$
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 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)				\$
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 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 \$

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) \$ 7,400.00

Disbursements (Include bank charges) \$ 5,353.34

Closing Balance, this Report \$ 2,046.66

Bayonne Community Bank Team Romano
 NAME OF BANK OR DEPOSITORY NAME OF ACCOUNT

401 Washington Street - Hoboken, NJ 07030
 ADDRESS OF BANK OR DEPOSITORY

Kerry Anne Severino 201-320-4855
 NAME OF TREASURER *TELEPHONE NUMBER (DAY)

PO Box 2535 - Secaucus, NJ 07096
 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.

10/09/2017 Anthony Romano
 DATE PRINT FULL NAME (CANDIDATE)

10/09/2017 Laini Hammond
 DATE PRINT FULL NAME (CANDIDATE)

10/09/2017 Charles Matthews
 DATE PRINT FULL NAME (CANDIDATE)

10/09/2017 David Mello
 DATE PRINT FULL NAME (CANDIDATE)

10/09/2017 Kerry Anne Severino
 DATE PRINT FULL NAME (TREASURER)

Anthony Romano
 SIGNATURE (CANDIDATE)

Laini Hammond
 SIGNATURE (CANDIDATE)

Charles Matthews
 SIGNATURE (CANDIDATE)

Kerry Anne Severino
 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)