

FORM R-1	REPORT OF CONTRIBUTIONS AND EXPENDITURES			(CHECK ONE); RE-ELECTION	
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) WEB SITE: HTTP://WWW.ELEC.STATE.NJ.US/				<input checked="" type="checkbox"/> 11-DAY PRE-ELECTION <input type="checkbox"/> 20-DAY POST-ELECTION <input type="checkbox"/> APR 15, _____ <input type="checkbox"/> JUL 15, _____ <input type="checkbox"/> OCT 15, _____ <input type="checkbox"/> JAN 15, _____	
CANDIDATE OR COMMITTEE NAME BRIAN P STACK				<b>ELEC RECEIVED</b> FOR STATE USE ONLY <b>MAY - 1 2018</b>	
STREET ADDRESS 608 NEW YORK AVENUE					
CITY	STATE	ZIP CODE	AMENDMENT YES NO X		
UNION CITY	NEW JERSEY	07087			
COUNTY HUDSON	ELECTION DISTRICT OR MUNICIPALITY UNION CITY				
POLITICAL PARTY, IF ANY NONPARTISAN	OFFICE SOUGHT COMMISSIONER / MAYOR				
ELECTION DATE May 8, 2018	ELECTION TYPE (CHECK ONE)	PRIMARY RUN-OFF	<input checked="" type="checkbox"/> MUNICIPAL SCHOOL	GENERAL SPECIAL	
<b>SUMMARY TABLES</b>					
DO NOT ATTEMPT TO COMPLETE TABLES I & II UNTIL APPROPRIATE SCHEDULES HAVE BEEN COMPLETED					
<b>TABLE I. RECEIPTS</b>			THIS REPORT	CUMULATIVE TO DATE	
1. MONETARY CONTRIBUTIONS OF \$300 OR LESS			\$ 0.00	\$ 0.00	
2. MONETARY CONTRIBUTIONS IN EXCESS OF \$300 [Schedule A]			\$ 0.00	\$ 0.00	
3. IN-KIND CONTRIBUTIONS OF \$300 OR LESS			\$ 0.00	\$ 0.00	
4. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]			\$ 6,087.00	\$ 12,967.00	
5. LOANS RECEIVED IN EXCESS OF \$300 [Schedule C]			\$ 0.00	\$ 0.00	
6. SUB TOTAL - CONTRIBUTIONS (ADD LINES 1 THRU LINE 5)			\$ 6,087.00	\$ 12,967.00	
7. REFUND OF EXCESSIVE CONTRIBUTIONS [Adjustment Schedule] (-)			\$ 0.00	\$ 0.00	
8. TOTAL CONTRIBUTIONS			\$ 6,087.00	\$ 12,967.00	
9. ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)			\$ 0.00	\$ 0.00	
<b>TOTAL RECEIPTS</b> (ADD LINE 8+LINE 9)			\$ 6,087.00	\$ 12,967.00	
<b>TABLE II. EXPENDITURES</b>					
1. DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule I(D)]			\$ 0.00	\$ 0.00	
2. DISBURSEMENTS - OTHER [Schedule 2(D)]			\$ 0.00	\$ 0.00	
3. DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]			\$ 0.00	\$ 0.00	
4. CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro-Rata Amount Schedules 1(D) and 2(D)]			\$ 0.00	\$ 0.00	
5. IN-KIND CONTRIBUTIONS OF \$300 OR LESS (TABLE I, LINE 3)			\$ 0.00	\$ 0.00	
6. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)			\$ 6,087.00	\$ 12,967.00	
7. SUB TOTAL - DISBURSEMENTS (ADD LINES 1 THRU 6)			\$ 6,087.00	\$ 12,967.00	
8. REFUNDED DISBURSEMENTS [Schedule F] (-)			\$ 0.00	\$ 0.00	
<b>TOTAL EXPENDITURES</b> (LINE 7 MINUS LINE 8)			\$ 6,087.00	\$ 12,967.00	

**SCHEDULE A**

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

Contributor Name		N/A		Employer Name		N/A	
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							
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							
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>				<b>TOTAL, THIS PAGE \$</b>		<b>0.00</b>	
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>				<b>GRAND TOTAL \$</b>		<b>0.00</b>	
( 1 of 1 )							

**SCHEDULE B  
IN-KIND CONTRIBUTIONS IN EXCESS OF \$300**

<b>Contributor Name</b> UNION CITY FIRST INC		<b>Employer Name</b>	
<b>Contributor Address</b> P O BOX 873 UNION CITY, NJ 07087		<b>Employer Address</b>	
	<b>Aggregate Amount</b> \$ 12,967.00	<b>Date(s) Received</b> 4/7/18 - 4/23/18	<b>Amount(s) Received this period</b> \$ 6,087.00
<b>Occupation</b>	MUNICIPAL POLITICAL PARTY COMMITTEE		
<b>Description of In-Kind Contribution(s)</b> PRINTING SERVICES, GRAPHICS, ADS			
<b>Contributor Name</b>		<b>Employer Name</b>	
<b>Contributor Address</b>		<b>Employer Address</b>	
	<b>Aggregate Amount</b> \$	<b>Date(s) Received</b>	<b>Amount(s) Received this period</b> \$
<b>Occupation</b>			
<b>Description of In-Kind Contribution(s)</b>			
<b>Contributor Name</b>		<b>Employer Name</b>	
<b>Contributor Address</b>		<b>Employer Address</b>	
	<b>Aggregate Amount</b> \$	<b>Date(s) Received</b>	<b>Amount(s) Received this period</b> \$
<b>Occupation</b>			
<b>Description of In-Kind Contribution(s)</b>			
<b>Contributor Name</b>		<b>Employer Name</b>	
<b>Contributor Address</b>		<b>Employer Address</b>	
	<b>Aggregate Amount</b> \$	<b>Date(s) Received</b>	<b>Amount(s) Received this period</b> \$
<b>Occupation</b>			
<b>Description of In-Kind Contribution(s)</b>			
<b>Contributor Name</b>		<b>Employer Name</b>	
<b>Contributor Address</b>		<b>Employer Address</b>	
	<b>Aggregate Amount</b> \$	<b>Date(s) Received</b>	<b>Amount(s) Received this period</b> \$
<b>Occupation</b>			
<b>Description of In-Kind Contribution(s)</b>			
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>		<b>TOTAL, THIS PAGE \$</b>	<u>6,087.00</u>
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>		<b>GRAND TOTAL \$</b>	<u>6,087.00</u>

# SCHEDULE C

## Loans Received in Excess of \$300 and All Currency Loans

LENDER NAME		N/A		EMPLOYER NAME		N/A	
LENDER ADDRESS				EMPLOYER ADDRESS			
OCCUPATION							
CO-SIGNER NAME				EMPLOYER NAME			
CO-SIGNER ADDRESS				EMPLOYER ADDRESS			
OCCUPATION							
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							
DATE(S) RECEIVED				AGGREGATE AMOUNT		CHECK IF CURRENCY	
						<input type="checkbox"/>	
TOTAL AMOUNT OF LOANS RECEIVED							
THIS REPORT PERIOD				\$		0.00	

**ADJUSTMENT SCHEDULE  
REFUND OF EXCESSIVE CONTRIBUTIONS**

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	REFUNDED AMOUNT
NA	NA	NA	\$ NA
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>		<b>TOTAL, THIS PAGE</b>	\$ 0.00
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>		<b>GRAND TOTAL</b>	\$ 0.00

**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
N/A		N/A	N/A	N/A		N/A
				\$ 0.00	\$ 0.00	\$ 0.00
				\$ 0.00	\$ 0.00	\$ 0.00

(COMPLETE THIS LINE FOR EVERY PAGE USED)

TOTAL, THIS PAGE

(COMPLETE THIS LINE FOR LAST PAGE USED)

GRAND TOTAL

1 of 1

**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		N/A	N/A	N/A		N/A
				\$ 0.00	\$ 0.00	\$ 0.00
				\$ 0.00	\$ 0.00	\$ 0.00

(COMPLETE THIS LINE FOR EVERY PAGE USED)

TOTAL, THIS PAGE

\$ 0.00

(COMPLETE THIS LINE FOR LAST PAGE USED)

GRAND TOTAL

\$ 0.00

1 of 1

**SCHEDULE 3(D) - DISBURSEMENTS  
CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES**

PAYMENT DATE	CHECK NO.	RECIPIENT CANDIDATE/COMMITTEE	ADDRESS	AMOUNT
N/A		N/A	N/A	N/A
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>				\$ 0.00
<b>COMPLETE THE FOLLOWING LINES FOR LAST PAGE USED:</b>				
<b>SCHEDULE 3(D) GRAND TOTAL</b>				<b>1. \$ 0.00</b>
<b>ADD THE "PRO-RATA AMOUNT OTHERS" COLUMN FROM SCHEDULES 1(D) AND 2(D)</b>				<b>2. (+) 0.00</b>
<b>GRAND TOTAL OF CONTRIBUTIONS MADE TO AND ON BEHALF OF CANDIDATES/COMMITTEES</b>				<b>3. \$ 0.00</b>



**SCHEDULE E  
OUTSTANDING OBLIGATIONS**

Date Incurred	Creditor's Name	Address	Description	Amount
N/A	N/A	N/A	N/A	N/A
<b>TOTAL OUTSTANDING OBLIGATIONS</b>				<b>\$ 0.00</b>

**SCHEDULE F  
REFUNDED DISBURSEMENTS**

Date	Full Name	Address	Description	Amount
N/A	N/A	N/A	N/A	N/A
<b>SCHEDULE F TOTAL</b>				<b>\$ 0.00</b>

## SCHEDULE G RECIPIENTS OF IN-KIND CONTRIBUTIONS

NAME OF RECIPIENT CANDIDATE/COMMITTEE      N/A		
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	DATE OF PAYMENT	AMOUNT
		\$
NAME OF RECIPIENT CANDIDATE/COMMITTEE      N/A		
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	DATE OF PAYMENT	AMOUNT
		\$
NAME OF RECIPIENT CANDIDATE/COMMITTEE      N/A		
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	DATE OF PAYMENT	AMOUNT
		\$
NAME OF RECIPIENT CANDIDATE/COMMITTEE      N/A		
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	DATE OF PAYMENT	AMOUNT
		\$
NAME OF RECIPIENT CANDIDATE/COMMITTEE      N/A		
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	DATE OF PAYMENT	AMOUNT
		\$                      0.00

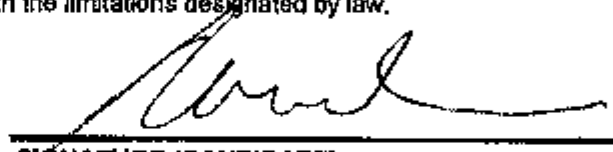
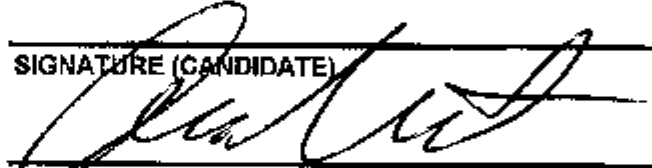
**STATEMENT OF CAMPAIGN DEPOSITORY AND CAMPAIGN TREASURER**

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.)	\$ 0.00
FUNDS TRANSFERRED from PRIOR CAMPAIGN	\$ 0.00
DEPOSITS (Include interest.)	\$ 0.00
DISBURSEMENTS (Include bank charges.)	\$ 0.00
CLOSING BALANCE, this REPORT	\$ 0.00

N/A	N/A	
NAME OF BANK OR DEPOSITORY		NAME OF ACCOUNT
N/A	ADDRESS OF BANK OR DEPOSITORY	
N/A		N/A
NAME OF TREASURER		*TELEPHONE NUMBER (DAY)
N/A	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 am subject to punishment.

<u>4-27-18</u>	<u>BRIAN P STACK</u>	
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
_____	PRINT FULL NAME (CANDIDATE)	_____
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
_____	PRINT FULL NAME (CANDIDATE)	_____
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
_____	PRINT FULL NAME (CANDIDATE)	_____
<u>4-27-18</u>	<u>ANGELO CALIENTE</u>	
DATE	PRINT FULL NAME (TREASURER)	SIGNATURE (TREASURER)

**DECLARATION OF FINAL REPORT**

If this is the final report, sign applicable Declaration below. 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 dissolved.

I certify that all contributions or other monies received by this election fund have been disbursed, and 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 (CANDIDATE)	SIGNATURE (CANDIDATE)
_____	_____	_____
DATE	PRINT FULL NAME (TREASURER)	SIGNATURE (TREASURER)

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