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<b>FORM R-1</b>	<b>REPORT OF CONTRIBUTIONS AND EXPENDITURES</b>	<b>REPORT (CHECK ONE)</b> <input 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 checked="" type="checkbox"/> Oct 15, <u>2013</u> <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) www.elec.state.nj.us		
CANDIDATE OR COMMITTEE NAME <u>LET THE PEOPLE DECIDE</u>		
STREET ADDRESS <u>450 7<sup>TH</sup> STREET</u>		Amendment Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
CITY <u>Hoboken</u>	STATE <u>NJ</u>	ZIP CODE <u>07030</u>
COUNTY <u>HUDSON</u>	ELECTION DISTRICT OR MUNICIPALITY <u>Hoboken</u>	
POLITICAL PARTY, IF ANY _____	OFFICE SOUGHT <u>Public Question</u>	
ELECTION DATE _____	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

**For State Use Only**

**ELEC RECEIVED**

**OCT 21 2013**

**Q2013**

**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	\$ 0	\$ 0
2 MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]	\$ 27,500	\$ 32,485.34
3 IN-KIND CONTRIBUTIONS OF \$300 OR LESS	\$ 0	\$ 0
4 IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]	\$ 0	\$ 0
5 LOANS RECEIVED IN EXCESS OF \$300 AND ALL CURRENCY LOANS [Schedule C]	\$ 0	\$ 0
6 <b>SUB TOTAL</b> (ADD LINES 1 THRU 5)	\$ 27,500	\$ 32,485.34
7 REFUND OF CONTRIBUTIONS [Adjustment Schedule] (-)	\$ /	\$ /
8 TOTAL CONTRIBUTIONS	\$ /	\$ /
9 ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)	\$ /	\$ /
10 <b>TOTAL RECEIPTS</b> (ADD LINE 8 + LINE 9)	\$ 27,500	\$ 32,485.34

TABLE II. EXPENDITURES		
1 DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]	\$ 4,950	\$ 4,950
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 <b>SUB TOTAL</b> (ADD LINES 1 THRU 6)	\$ 4,950	\$ 4,950
8 REFUNDED DISBURSEMENTS [Schedule F] (-)	\$ /	\$ /
9 <b>TOTAL EXPENDITURES</b> (LINE 7 MINUS LINE 8)	\$ 4,950	\$ 4,950

**SCHEDULE A**

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

CONTRIBUTOR NAME <i>MSTA Political Action Com.</i>		EMPLOYER NAME	
CONTRIBUTOR ADDRESS <i>700 PLAZA DRIVE</i>		EMPLOYER ADDRESS	
<i>SECAUCUS, NJ 07094</i>			
<input type="checkbox"/> CHECK IF CURRENCY	AGGREGATE AMOUNT <i>\$ 7,500</i>	DATE(S) RECEIVED <i>9/4/13</i>	AMOUNT(S) RECEIVED THIS PERIOD <i>\$ 7,500</i>
OCCUPATION			
CONTRIBUTOR NAME <i>MSTA PAC</i>		EMPLOYER NAME	
CONTRIBUTOR ADDRESS <i>700 PLAZA DRIVE</i>		EMPLOYER ADDRESS	
<i>SECAUCUS NJ 07094</i>			
<input type="checkbox"/> CHECK IF CURRENCY	AGGREGATE AMOUNT <i>\$ 12,500</i>	DATE(S) RECEIVED <i>9/19/13</i>	AMOUNT(S) RECEIVED THIS PERIOD <i>\$ 5,000</i>
OCCUPATION			
CONTRIBUTOR NAME <i>MSTA PAC</i>		EMPLOYER NAME	
CONTRIBUTOR ADDRESS <i>700 PLAZA DRIVE</i>		EMPLOYER ADDRESS	
<i>SECAUCUS NJ 07094</i>			
<input type="checkbox"/> CHECK IF CURRENCY	AGGREGATE AMOUNT <i>\$ 15,000</i>	DATE(S) RECEIVED <i>10/11/13</i>	AMOUNT(S) RECEIVED THIS PERIOD <i>\$ 2,500</i>
OCCUPATION			
CONTRIBUTOR NAME <i>MSTA PAC</i>		EMPLOYER NAME	
CONTRIBUTOR ADDRESS <i>700 PLAZA DRIVE</i>		EMPLOYER ADDRESS	
<i>SECAUCUS NJ 07094</i>			
<input type="checkbox"/> CHECK IF CURRENCY	AGGREGATE AMOUNT <i>\$ 17,500</i>	DATE(S) RECEIVED <i>10/11/13</i>	AMOUNT(S) RECEIVED THIS PERIOD <i>\$ 2,500</i>
OCCUPATION			
CONTRIBUTOR NAME <i>HOBOKEN TAXPAYERS FOR FAIRNESS</i>		EMPLOYER NAME	
CONTRIBUTOR ADDRESS <i>110A MEADOWLANDS PKWY #103</i>		EMPLOYER ADDRESS	
<i>SECAUCUS NJ 07094</i>			
<input type="checkbox"/> CHECK IF CURRENCY	AGGREGATE AMOUNT <i>\$ 10,000</i>	DATE(S) RECEIVED <i>10/11/13</i>	AMOUNT(S) RECEIVED THIS PERIOD <i>\$ 10,000</i>
OCCUPATION			
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	<i>\$ 27,500</i>
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	<i>\$ 27,500</i>

**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)			
(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 <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		\$	

**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
9/12/13	1552	LIZAIDA CAMIS 300 WASHINGTON DR. Hoboken	CAMPAIGN WORK	\$ 800.	\$	\$
9/29/13	1554	ANNA CINTRON 400 1ST ST - Hoboken	"	3,000.		
10/2/13	1555	LIZAIDA CAMIS	"	800.		
10/10/13	1556	RALPH SANTIAGO 320 MARSHALL DRIVE Hoboken	"	50.		
10/10/13	1557	JUAN MCCALL 300 MARSHALL DRIVE Hoboken	"	50.		
10/10/13	1558	CAMILA PEREZ 218 HARRISON ST. Hoboken	"	50.		
10/10/13	1559	PAM LUPO 311 HARRISON ST.	"	50.		
10/10/13	1560	MARIA FERVAINT 311 HARRISON ST.	"	50.		
10/10/13	1561	JULIAN BRAXTON 310 JACKSON ST. - Hoboken	"	50.		
10/10/13	1562	DIO BRAXTON 2 MARINE VIEW Hoboken	"	\$ 50.		
(COMPLETE THIS LINE FOR EVERY PAGE USED)			TOTAL, THIS PAGE	\$ 4,950	\$	\$
(COMPLETE THIS LINE FOR LAST PAGE USED)			GRAND TOTAL	\$ 4,950	\$	\$



**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)				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 Incurred	Creditor's Name	Address	Description	Amount
				\$
TOTAL OUTSTANDING OBLIGATIONS				\$

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

Date	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 ) \$ 4,985.34

**Funds Transferred from Prior Campaign** \$ 0

**Deposits** (Include interest) \$ 27,500.00

**Disbursements** (Include bank charges) \$ 4,950.00

**Closing Balance, this Report** \$ 27,535.34

BAYONNE Community BANK - LET THE PEOPLE DECIDE  
 NAME OF BANK OR DEPOSITORY NAME OF ACCOUNT

401 WASHINGTON STREET, Hoboken NJ 07030  
 ADDRESS OF BANK OR DEPOSITORY

Andrew Canonico  
 NAME OF TREASURER \*TELEPHONE NUMBER (DAY)

450 7th STREET - 4H Hoboken NJ 07030  
 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>10/13/13</u> DATE	<u>ANDREW CANONICO</u> PRINT FULL NAME (TREASURER)	<u>Andrew Canonico</u> 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)