

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.nj.gov		<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>Suzanne Brennan</i>		Amendment Yes <input type="checkbox"/> No <input type="checkbox"/>
STREET ADDRESS <i>59 Camelot Dr.</i>		
CITY <i>Farmingdale</i>	STATE <i>NJ</i>	ZIP CODE <i>07727</i>
COUNTY <i>Monmouth</i>	ELECTION DISTRICT OR MUNICIPALITY <i>Howell Twp</i>	
POLITICAL PARTY, IF ANY <i>Republican</i>	OFFICE SOUGHT	
ELECTION DATE <i>11/3/20</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	\$ 4265.00	\$ 9090.00
2. MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]	\$ 7600.00	\$ 12,700.00
3. IN-KIND CONTRIBUTIONS OF \$300 OR LESS	\$ 240.00	\$ 700.77
4. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]	\$ 2106.00	\$ 2106.00
5. LOANS RECEIVED IN EXCESS OF \$300 AND ALL CURRENCY LOANS [Schedule C]	\$ 0	\$ 0
6. SUB TOTAL (ADD LINES 1 THRU 5)	\$ 14,211.00	\$ 24,596.77
7. REFUND OF CONTRIBUTIONS [Adjustment Schedule]	(-) \$ 0	\$ 0
8. TOTAL CONTRIBUTIONS	\$ 14,211.00	\$ 24,596.77
9. ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN	(+)	\$ 0
10. TOTAL RECEIPTS (ADD LINE 8 + LINE 9)	\$ 14,211.00	\$ 24,596.77
<b>TABLE II. EXPENDITURES</b>		
1. DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]	\$ 17,584.11	\$ 19,559.11
2. DISBURSEMENTS - OTHER [Schedule 2(D)]	\$ 3.00	\$ 6.00
3. DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]	\$ 0	\$ 0
4. CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)]	\$ 0	\$ 0
5. IN-KIND CONTRIBUTIONS OF \$300 OR LESS (TABLE I, LINE 3)	\$ 240.00	\$ 700.77
6. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)	\$ 2106.00	\$ 2106.00
7. SUB TOTAL (ADD LINES 1 THRU 6)	\$ 19,933.11	\$ 22,371.88
8. REFUNDED DISBURSEMENTS [Schedule F]	(-) \$ 0	\$ 0
9. TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)	\$ 19,933.11	\$ 22,371.88

ELEC Received  
OCT 08 2020  
07:44 PM



## SCHEDULE A

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

CONTRIBUTOR NAME Promoting Responsible Government		EMPLOYER NAME		
CONTRIBUTOR ADDRESS 28 Stream Bank Drive		EMPLOYER ADDRESS		
Freehold, NJ 07728				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 1,600.00	DATE(S) RECEIVED 8/13/2020	AMOUNT(S) RECEIVED THIS PERIOD \$ 600.00
OCCUPATION				
CONTRIBUTOR NAME Friends of Tom Arnone for Freeholder		EMPLOYER NAME		
CONTRIBUTOR ADDRESS P.O. Box 1492		EMPLOYER ADDRESS		
Wall, NJ 07719				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED 8/13/2020	AMOUNT(S) RECEIVED THIS PERIOD \$ 500.00
OCCUPATION				
CONTRIBUTOR NAME Dominick S. Cinelli		EMPLOYER NAME		
CONTRIBUTOR ADDRESS 1015 Shore Drive		EMPLOYER ADDRESS		
Brielle, NJ 08730				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED 8/13/2020	AMOUNT(S) RECEIVED THIS PERIOD \$ 500.00
OCCUPATION				
CONTRIBUTOR NAME Dash, Murphy + McGluckin, P.C.		EMPLOYER NAME		
CONTRIBUTOR ADDRESS 620 West Lucy Rd.		EMPLOYER ADDRESS		
Forked River, NJ 08731				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 800.00	DATE(S) RECEIVED 8/13/2020	AMOUNT(S) RECEIVED THIS PERIOD \$ 500.00
OCCUPATION				
CONTRIBUTOR NAME Ocean County Strong		EMPLOYER NAME		
CONTRIBUTOR ADDRESS 2105 West County Line Rd		EMPLOYER ADDRESS		
Jackson, NJ 08527				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED 9/1/2020	AMOUNT(S) RECEIVED THIS PERIOD \$ 3,500.00
OCCUPATION				
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	\$ 5600.00	
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$	

## SCHEDULE A

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

CONTRIBUTOR NAME <i>Ocean County Strong</i>			EMPLOYER NAME	
CONTRIBUTOR ADDRESS <i>2105 West County Line Rd</i>			EMPLOYER ADDRESS	
<i>Jackson NJ 08527</i>				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ <i>5500.00</i>	DATE(S) RECEIVED <i>9/28/2020</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>2000.00</i>
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	
(COMPLETE THIS LINE FOR EVERY PAGE USED)			TOTAL, THIS PAGE	\$ <i>2000.00</i>
(COMPLETE THIS LINE FOR LAST PAGE USED)			GRAND TOTAL	\$ <i>7600.00</i>

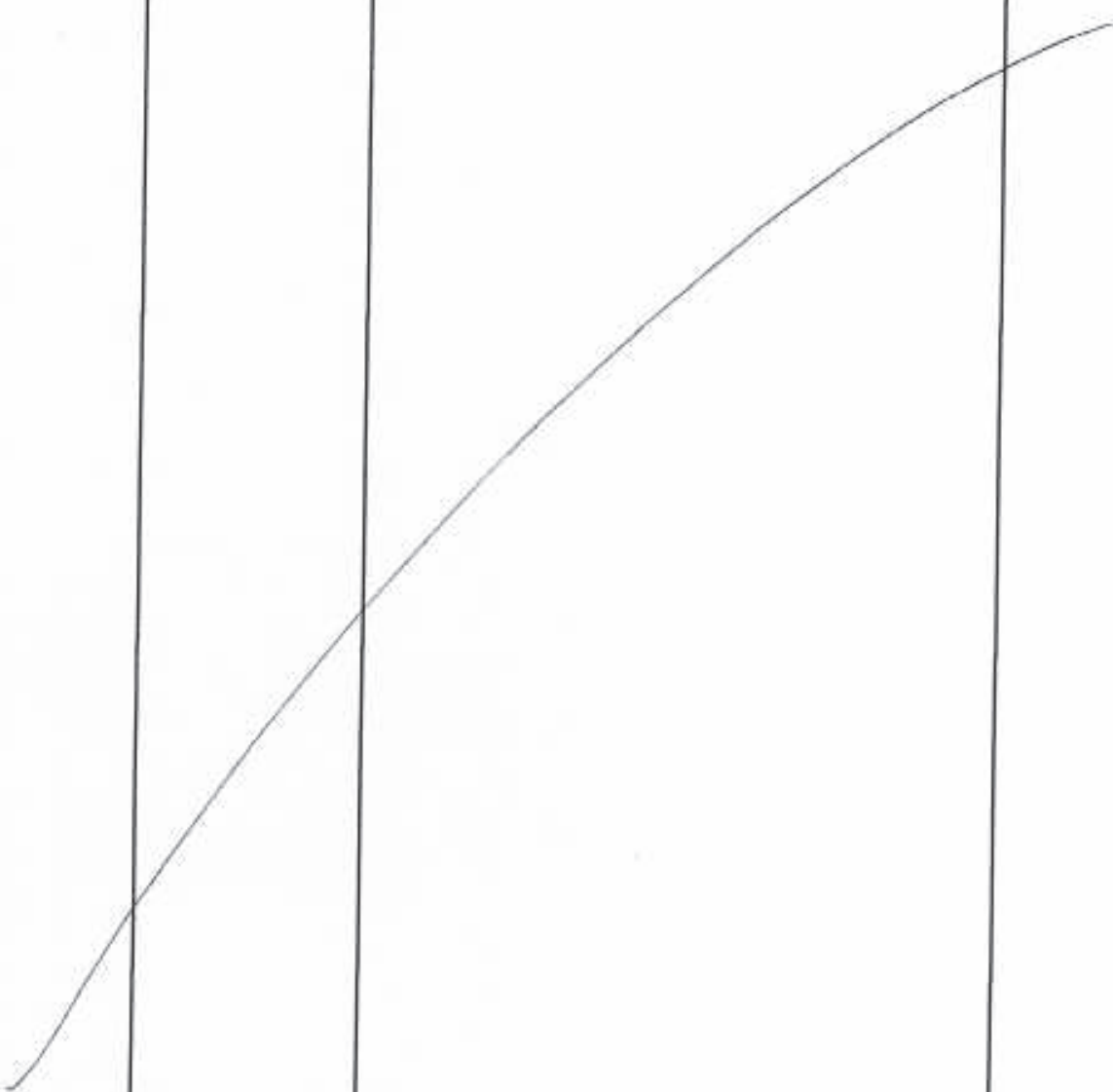


**SCHEDULE B**  
In-Kind Contributions in Excess of \$300

CONTRIBUTOR NAME <i>Shawn Golden- Sheriff Acct</i>		EMPLOYER NAME	
CONTRIBUTOR ADDRESS <i>P.O. Box 999</i>		EMPLOYER ADDRESS	
<i>Edison, NJ 08690</i>			
	AGGREGATE AMOUNT \$ <i>2606.00</i>	DATE(S) RECEIVED <i>7/19/20</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>2106.00</i>
OCCUPATION <i>Deceased</i>			
DESCRIPTION OF IN-KIND CONTRIBUTION(S) <i>30x20 Poly bag Signs (500)</i>			
CONTRIBUTOR NAME <i>Joe DiBella</i>		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>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>		<b>GRAND TOTAL</b>	\$ _____

# ADJUSTMENT SCHEDULE

## Refund of Contributions

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

**SCHEDULE 1(D) - DISBURSEMENTS**  
**Campaign Expenses**

(check payments)

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
8/3/2020	Starter Check	Fitzsimmons Comm. 44 Hartshorn Dr. Colts Neck NJ 07722	9000 Palm Courts	\$ 1175.00	\$	\$
8/22/2020	Starter Check	<del>Signature</del> Parkway Promotions & Printing LLC	Lawn Signs	673.87		
9/4/2020	Starter Check	April Stark 236 Newark Rd S Barnegat NJ 08005	Marketing	\$ 2400.00		
9/8/2020	Starter Check	Red Maverick Media 1426 N. 3rd St. Suite 310 Harrisburg PA 17102	Video Production	\$ 3000.00		
10/5/2020	Starter Check	Red Maverick Media (same as above)	Video Production	\$ 5000.00		
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>				<b>TOTAL, THIS PAGE</b>	\$ 12,248.87	\$ 0
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>				<b>GRAND TOTAL</b>	\$ 0	\$ 0



**SCHEDULE 1(D) - DISBURSEMENTS (debit payments)**  
**Campaign Expenses**

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
8/17/20	Debit	Walmart Freehold, NJ	labels, Toner, misc items for Fundraiser	\$ 93.34	\$	\$
8/19/20	Debit	Staples Howell, NJ	1 copy, DS color (invitation)	.55		
9/14/20	Debit	Walmart Howell, NJ	Flags & garland	\$ 30.92		
9/14/20	Debit	US Post Office Howell, NJ	Stamps	\$ 3,080.00		
9/14/20	Debit	US Post Office Freehold	Stamps	\$ 429.00		
9/14/20	Debit	Staples Howell, NJ	Materials for mailing (copies)	\$ 51.17		
9/15/20	Debit	US Post Office Farmingdale, NJ	Stamps	\$ 770.00		
9/17/20	Debit	Staples Howell, NJ	(ink) Materials for mailing	\$ 11.06		
(COMPLETE THIS LINE FOR EVERY PAGE USED)				\$ 4466.04	\$ 0	\$ 0
(COMPLETE THIS LINE FOR LAST PAGE USED)				\$	\$	\$
TOTAL, THIS PAGE				\$ 4466.04	\$ 0	\$ 0
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
9/17/20	Debit	Walmart Howell, NJ	Fundraiser Items	\$ 68.11	\$	\$
9/18/20	Debit	Sams Club Freehold NJ	Cake + Cookies	\$ 38.96		
9/21/20	Debit	Staples Howell, NJ	Copies	\$ 21.22		
9/25/20	Debit	Staples Howell, NJ	Highlighter	\$ 3.19		
9/28/20	Debit	Staples Howell, NJ	Copies	\$ 20.45		
9/28/20	Debit	Staples Howell, NJ	Copies	\$ 26.12		
9/28/20	Debit	Staples Howell, NJ	2 copies	\$ .30		
9/28/20	Debit	Staples Howell, NJ	Copies	\$ 91.84		
(COMPLETE THIS LINE FOR EVERY PAGE USED)				\$ 270.19	\$ 0	\$ 0
(COMPLETE THIS LINE FOR LAST PAGE USED)				\$	\$	\$
TOTAL, THIS PAGE				\$	\$	\$
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
9/28/20	Debit	Staples Howell, NJ	3 copies	\$ 12.54	\$	\$
10/1/20	Debit	Staples Howell, NJ	copies	\$ 330.75		
10/1/20	Debit	Staples Howell, NJ	envelopes	\$ 202.53		
10/1/20	Debit	Staples Freehold, NJ	Custom stamps	\$ 34.64		
10/6/20	Debit	Checks.com	Checks for acct	\$ 18.55		
(COMPLETE THIS LINE FOR EVERY PAGE USED)				TOTAL, THIS PAGE	\$ 599.01	\$
(COMPLETE THIS LINE FOR LAST PAGE USED)				GRAND TOTAL	\$ 17584.11	\$

**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
10/1/2020	-	PNC Bank 101 US 9 Marlboro, NJ 07726	Service Charge	\$ 3.00	\$	\$
TOTAL, THIS PAGE				\$ 3.00	\$	\$
GRAND TOTAL				\$ 3.00	\$	\$
(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
		/		\$
(COMPLETE THIS LINE FOR EVERY PAGE USED)				\$ 0
TOTAL, THIS PAGE				
COMPLETE THE FOLLOWING LINES FOR LAST PAGE USED				
SCHEDULE 3(D) GRAND TOTAL				
ADD THE "PRO - RATA AMOUNT OTHERS" COLUMN FROM SCHEDULES 1(D) AND 2(D)				1. \$ 0
				2. \$ 0
GRAND TOTAL OF CONTRIBUTIONS MADE TO AND ON BEHALF OF CANDIDATES/COMMITTEES				3. \$ 0

**SCHEDULE E**  
**Outstanding Obligations**

Date(s)	Creditor's Name	Address	Description	Amount
				\$
<b>TOTAL OUTSTANDING OBLIGATIONS</b>				\$ 0

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

Date(s)	Check #	Full Name	Address	Description	Amount
					\$
<b>SCHEDULE F TOTAL</b>					\$ 0



**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

<b>Opening Balance, this report</b> (Insert closing balance of last report, or, if this is the first report filed by this entity for this election, insert zero.)	\$ <u>7,947.00</u>
<b>Funds Transferred from Prior Campaign</b>	\$ <u>0</u>
<b>Deposits</b> (Include interest)	\$ <u>11,865.00</u>
<b>Disbursements</b> (Include bank charges)	\$ <u>17,587.11</u>
<b>Closing Balance, this Report</b>	\$ <u>2,224.89</u>
<u>PNC Friends of Suzanne Brennan for Mayor</u> NAME OF BANK OR DEPOSITORY	<u>Checking</u> NAME OF ACCOUNT
<u>101 Rt 9 P RT 520 Marlboro, NJ 07726</u> ADDRESS OF BANK OR DEPOSITORY	
<u>Laura Andersen</u> NAME OF TREASURER	<u>732-642-6507</u> *TELEPHONE NUMBER (DAY)
<u>2 Deerpath Dr. Farmingdale, NJ 07727</u> 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.

10/8/20  
DATE

Suzanne M. Brennan  
PRINT FULL NAME (CANDIDATE)

Suzanne M. Brennan  
SIGNATURE (CANDIDATE)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT FULL NAME (CANDIDATE)

\_\_\_\_\_  
SIGNATURE (CANDIDATE)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT FULL NAME (CANDIDATE)

\_\_\_\_\_  
SIGNATURE (CANDIDATE)

10/8/20  
DATE

Laura Andersen  
PRINT FULL NAME (TREASURER)

Laura Andersen  
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)