

| | | | | | |
|---|--|---|--|---|----------------------------------|
| FORM R-1 | | REPORT OF CONTRIBUTIONS AND EXPENDITURES | | REPORT (CHECK ONE) | |
| 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 | | | | <input type="checkbox"/> 29 - DAY PRE-ELECTION <input type="checkbox"/> 11 - DAY PRE-ELECTION <input checked="" 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 Tamburo for Mayor | | | | Amendment Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| STREET ADDRESS 16 Torrey Pines Dr | | | | For State Use Only ELEC RECEIVED JUL 13 2015 | |
| CITY Monroe Twp | STATE NJ | ZIP CODE 08831 | | | |
| COUNTY Middlesex | ELECTION DISTRICT OR MUNICIPALITY Monroe Twp | | | | |
| POLITICAL PARTY, IF ANY Democratic | OFFICE SOUGHT Mayor | | | | |
| ELECTION DATE | ELECTION TYPE (CHECK ONE) | <input checked="" type="checkbox"/> PRIMARY <input 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 |

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 | \$ 4850 | \$ 5000 |
| 2 MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A] | \$ 21,900 | \$ 35578.60 |
| 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 SUB TOTAL (ADD LINES 1 THRU 5) | \$ 26750 | \$ 40578.60 |
| 7 REFUND OF CONTRIBUTIONS [Adjustment Schedule] | (-) \$ 0 | \$ 0 |
| 8 TOTAL CONTRIBUTIONS | \$ 26750 | \$ 40578.60 |
| 9 ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN | (+) \$ 0 | \$ 0 |
| 10 TOTAL RECEIPTS (ADD LINE 8 + LINE 9) | \$ 26750 | \$ 40578.60 |

| TABLE II EXPENDITURES | THIS REPORT | CUMULATIVE TO DATE |
|---|-------------|--------------------|
| 1 DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)] | \$ 33104.03 | \$ 39782.63 |
| 2 DISBURSEMENTS - OTHER [Schedule 2(D)] | \$ 12.00 | \$ 12.00 |
| 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) | \$ 0 | \$ 0 |
| 6 IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4) | \$ 0 | \$ 0 |
| 7 SUB TOTAL (ADD LINES 1 THRU 6) | \$ 33116.03 | \$ 39794.63 |
| 8 REFUNDED DISBURSEMENTS [Schedule F] | (-) \$ 0 | \$ 0 |
| 9 TOTAL EXPENDITURES (LINE 7 MINUS LINE 8) | \$ 33116.03 | \$ 39794.63 |

SCHEDULE A

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

| | | | | |
|--|--|---|------------------------------------|--|
| CONTRIBUTOR NAME Friends of Dan Benson | | | EMPLOYER NAME same | |
| CONTRIBUTOR ADDRESS P.O. Box 8003 | | | EMPLOYER ADDRESS | |
| Hamilton, NJ 08650 | | | | |
| | CHECK IF CURRENCY <input type="checkbox"/> | AGGREGATE AMOUNT \$ 1000- | DATE(S) RECEIVED 5/26/15 | AMOUNT(S) RECEIVED THIS PERIOD \$ 1000 |
| OCCUPATION Assemblman | | | | |
| CONTRIBUTOR NAME monroe township Democratic Organization | | | EMPLOYER NAME same | |
| CONTRIBUTOR ADDRESS 35 Birmingham Lane | | | EMPLOYER ADDRESS | |
| monroe township NJ 08831 | | | | |
| | CHECK IF CURRENCY <input type="checkbox"/> | AGGREGATE AMOUNT \$ 24,878.00 | DATE(S) RECEIVED 5/26/15 | AMOUNT(S) RECEIVED THIS PERIOD \$ 18,000 |
| OCCUPATION political organization | | | | |
| CONTRIBUTOR NAME Jennifer Lombardi | | | EMPLOYER NAME | |
| CONTRIBUTOR ADDRESS 6 Five Acre Drive | | | EMPLOYER ADDRESS | |
| Edison, NJ 08820 | | | | |
| | CHECK IF CURRENCY <input type="checkbox"/> | AGGREGATE AMOUNT \$ 1000 | DATE(S) RECEIVED 6/14/15 | AMOUNT(S) RECEIVED THIS PERIOD \$ 1000 |
| OCCUPATION | | | | |
| CONTRIBUTOR NAME T & M Associates | | | EMPLOYER NAME same | |
| CONTRIBUTOR ADDRESS 11 Tindall Road | | | EMPLOYER ADDRESS | |
| Middletown, NJ 07748 | | | | |
| | CHECK IF CURRENCY <input type="checkbox"/> | AGGREGATE AMOUNT \$ 900 | DATE(S) RECEIVED 5/22/15 | AMOUNT(S) RECEIVED THIS PERIOD \$ 900 |
| OCCUPATION Engineering | | | | |
| CONTRIBUTOR NAME Dalina for Council | | | EMPLOYER NAME | |
| CONTRIBUTOR ADDRESS 16 Turkey Pines Drive | | | EMPLOYER ADDRESS | |
| Monroe Township NJ 08831 | | | | |
| | CHECK IF CURRENCY <input type="checkbox"/> | AGGREGATE AMOUNT \$ 1,000 | DATE(S) RECEIVED 6/17/15 | AMOUNT(S) RECEIVED THIS PERIOD \$ 1000 |
| OCCUPATION | | | | |
| (COMPLETE THIS LINE FOR EVERY PAGE USED) | | | TOTAL, THIS PAGE | \$ 21,000 |
| (COMPLETE THIS LINE FOR LAST PAGE USED) | | | GRAND TOTAL | \$ 21,000 |

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 | \$ 0 |
| (COMPLETE THIS LINE FOR LAST PAGE USED) | | GRAND TOTAL | \$ 0 |

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 | | \$ 0 | |

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 | \$ 0 |
| (COMPLETE THIS LINE FOR LAST PAGE USED) | | GRAND TOTAL | \$ 0 |

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 |
|--|--------------|---|--|------------------|---------------------------------------|------------------------|
| 5/21/15 | 2425 | DOT Designing LLC 242 Possum Hollow Rd Suite 1A Monroe Twp NJ 08831 | signs & stakes | \$ 1525 | \$ | \$ |
| 5/27/15 6/16/15 | 1004 1006 | Comprehensive Communications 250 West 57th Street Suite 929 New York, NY 10107 | media design + mail | 23,867 | | |
| 5/29/15 | 1005 | Shannon Cenci 40 Quimby Ave Hamilton, NJ 08610 | Reimburse for supplies, paper, stamps | 349.78 | | |
| 6/18/15 | 1007 | Media Trends LLC PO Box 470 Metuchen, NJ 08840 | media, design, ads | 7362.25 | | |
| (COMPLETE THIS LINE FOR EVERY PAGE USED) | | | | TOTAL, THIS PAGE | \$ 33104.03 | \$ |
| (COMPLETE THIS LINE FOR LAST PAGE USED) | | | | GRAND TOTAL | \$ 33104.03 | \$ |

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 |
|--|----------|------------------------|------------------|------------------|---------------------------------------|------------------------|
| 5/18/15 | | wells fargo | Bank Service Fee | \$ 12.- | \$ | \$ |
| (COMPLETE THIS LINE FOR EVERY PAGE USED) | | | | TOTAL, THIS PAGE | \$ 12.00 | \$ |
| (COMPLETE THIS LINE FOR LAST PAGE USED) | | | | GRAND TOTAL | \$ 12.00 | \$ |

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 |
| COMPLETE THE FOLLOWING LINES FOR LAST PAGE USED | | | | |
| SCHEDULE 3(D) GRAND TOTAL | | | | 1 \$ 0 |
| ADD THE "PRO - RATA AMOUNT OTHERS" COLUMN FROM SCHEDULES 1(D) AND 2(D) | | | | 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 |
|-------------------------------------|-----------------|---------|-------------|--------|
| | | | | \$ |
| TOTAL OUTSTANDING OBLIGATIONS | | | | \$ 0 |

SCHEDULE F
Refunded Disbursements

| Date(s) | Check # | Full Name | Address | Description | Amount |
|------------------|---------|-----------|---------|-------------|--------|
| | | | | | \$ |
| SCHEDULE F TOTAL | | | | | \$ 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

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) \$ 7150

Funds Transferred from Prior Campaign \$ 0

Deposits (Include interest) \$ 26750.00

Disbursements (Include bank charges) \$ 33116.03

Closing Balance, this Report \$ 783.97

Wells Fargo Tamburro for Mayor
 NAME OF BANK OR DEPOSITORY NAME OF ACCOUNT

Concordia Shopping Center Monroe Twp NJ 08831
 ADDRESS OF BANK OR DEPOSITORY

Robert Isaacs
 NAME OF TREASURER

16 Torrey Pines Dr. Monroe Twp NJ 08831
 ADDRESS OF TREASURER *TELEPHONE NUMBER (DAY)

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.

6/23/15
 DATE

Gerald Tamburro
 PRINT FULL NAME (CANDIDATE)

Gerald Tamburro
 SIGNATURE (CANDIDATE)

 DATE

 PRINT FULL NAME (CANDIDATE)

 SIGNATURE (CANDIDATE)

 DATE

 PRINT FULL NAME (CANDIDATE)

 SIGNATURE (CANDIDATE)

X 6/23/15
 DATE

ROBERT ISAACS
 PRINT FULL NAME (TREASURER)

Robert Isaacs
 SIGNATURE (TREASURER)

Treasurers for Governatorial 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)