

<b>FORM R-1</b>	<b>REPORT OF CONTRIBUTIONS AND EXPENDITURES</b>	<b>REPORT (CHECK ONE):</b> <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, _____	
<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		Amendment Yes <input type="checkbox"/> No <input type="checkbox"/>  <b>For State Use Only</b> <b>ELEC RECEIVED</b>  <b>OCT - 8 2019</b>	
CANDIDATE OR COMMITTEE NAME <b>JEN GIATTINO FOR CITY COUNCIL</b>			
STREET ADDRESS <b>216 7<sup>th</sup> STREET</b>			
CITY <b>HOBOKEN</b>	STATE <b>NJ</b>		ZIP CODE <b>07030</b>
COUNTY <b>HUDSON COUNTY</b>	ELECTION DISTRICT OR MUNICIPALITY <b>HUDSON</b>		
POLITICAL PARTY, IF ANY <b>N/A</b>	OFFICE SOUGHT <b>CITY COUNCIL</b>		
ELECTION DATE <b>11/5/19</b>	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	

**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	\$ 6105	\$ 6105
2. MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]	\$ 3450	\$ 3450
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)	\$ 9555	\$ 9555
7. REFUND OF CONTRIBUTIONS [Adjustment Schedule] (-)	\$	\$
8. TOTAL CONTRIBUTIONS	\$	\$
9. ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)	\$	\$
10. TOTAL RECEIPTS (ADD LINE 8 + LINE 9)	\$ 9555	\$ 9555

TABLE II. EXPENDITURES	THIS REPORT	CUMULATIVE TO DATE
1. DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]	\$ 5258.36	\$ 5258.36
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. SUB TOTAL (ADD LINES 1 THRU 6)	\$ 5258.36	\$ 5258.36
8. REFUNDED DISBURSEMENTS [Schedule F] (-)	\$	\$
9. TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)	\$ 5258.36	\$ 5258.36

**SCHEDULE A**

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

CONTRIBUTOR NAME <b>JASON ELLIS</b>			EMPLOYER NAME <b>VISION RETIREMENT</b>	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
			<b>216 RIDGEWOOD AVE</b>	
			<b>RIDGEWOOD, NJ 07450</b>	
<b>\$500</b>	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT <b>\$ 500</b>	DATE(S) RECEIVED <b>8/10/19</b>	AMOUNT(S) RECEIVED THIS PERIOD <b>\$ 500</b>
OCCUPATION				
CONTRIBUTOR NAME <b>MARIANNE MORTON</b>			EMPLOYER NAME <b>RETIRED</b>	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
<b>97 EASTVIEW DR</b>			<b>-</b>	
<b>VALHALLA, NY 10595</b>				
<b>\$450</b>	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT <b>\$ 450</b>	DATE(S) RECEIVED <b>7/22/19</b>	AMOUNT(S) RECEIVED THIS PERIOD <b>\$ 450</b>
OCCUPATION				
CONTRIBUTOR NAME <b>MICHAEL LENZ</b>			EMPLOYER NAME <b>RETIRED</b>	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
<b>408 MONROE ST.</b>			<b>-</b>	
<b>HOBOKEN, NJ 07030</b>				
<b>\$1000</b>	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT <b>\$ 1000</b>	DATE(S) RECEIVED <b>7/22/19</b>	AMOUNT(S) RECEIVED THIS PERIOD <b>\$ 1000</b>
OCCUPATION				
CONTRIBUTOR NAME <b>LOCAL UNION 164</b>			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
<b>205 ROBIN RD</b>				
<b>PARAMUS, NJ 07652</b>				
<b>\$500</b>	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT <b>\$ 500</b>	DATE(S) RECEIVED <b>9/24/19</b>	AMOUNT(S) RECEIVED THIS PERIOD <b>\$ 500</b>
OCCUPATION				
CONTRIBUTOR NAME <b>LOCAL 24</b>			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
<b>20 FAIRFIELD PLACE</b>				
<b>WEST CALDWELL, NJ</b>				
<b>500</b>	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT <b>\$ 500</b>	DATE(S) RECEIVED <b>9/24/19</b>	AMOUNT(S) RECEIVED THIS PERIOD <b>\$ 500</b>
OCCUPATION				
(COMPLETE THIS LINE FOR EVERY PAGE USED)			TOTAL, THIS PAGE	<b>\$ 2450</b>
(COMPLETE THIS LINE FOR LAST PAGE USED)			GRAND TOTAL	<b>\$ -</b>

## SCHEDULE A

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

CONTRIBUTOR NAME <b>TRACY SCHNABEL</b>			EMPLOYER NAME <b>RETIRED</b>	
CONTRIBUTOR ADDRESS <b>620 MADISON ST</b>			EMPLOYER ADDRESS	
<b>HOBOKEN, NJ 07030</b>				
<b>\$ 500</b>	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT <b>\$ 500</b>	DATE(S) RECEIVED <b>9/23/19</b>	AMOUNT(S) RECEIVED THIS PERIOD <b>\$ 500</b>
OCCUPATION				
CONTRIBUTOR NAME <b>OWEN McANUFF</b>			EMPLOYER NAME <b>NAPP GRECCO</b>	
CONTRIBUTOR ADDRESS <b>264 FIFTH STREET</b>			EMPLOYER ADDRESS <b>1500 McCARTER HWY</b>	
<b>HOBOKEN, NJ 07030</b>			<b>NEWARK, NJ 07104</b>	
<b>\$ 500</b>	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT <b>\$ 500</b>	DATE(S) RECEIVED <b>9/27/19</b>	AMOUNT(S) RECEIVED THIS PERIOD <b>\$ 500</b>
OCCUPATION				
CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT <b>\$</b>	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD <b>\$</b>
OCCUPATION				
CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT <b>\$</b>	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD <b>\$</b>
OCCUPATION				
CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT <b>\$</b>	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD <b>\$</b>
OCCUPATION				
(COMPLETE THIS LINE FOR EVERY PAGE USED)			TOTAL, THIS PAGE	<b>\$ 1000</b>
(COMPLETE THIS LINE FOR LAST PAGE USED)			GRAND TOTAL	<b>\$ 3450</b>

**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)			
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>		<b>TOTAL, THIS PAGE</b>	<b>\$</b>
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>		<b>GRAND TOTAL</b>	<b>\$</b>

**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		\$	

**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

\$

(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
		VISION MEDIA	WALIC CARDS	\$ 4151.91	\$	\$
		PAY PAPER		125.98		
		STAMPS		400.00		
		THANK YOU CARDS		29.72		
		CHECKS		29.75		
		MORAN'S	FUND RAISER	521.00		
(COMPLETE THIS LINE FOR EVERY PAGE USED)				\$ 5258.36	\$	\$
(COMPLETE THIS LINE FOR LAST PAGE USED)				\$ 5258.36	\$	\$

**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
				\$	\$	\$
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>				\$	\$	\$
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>				\$	\$	\$



**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. \$
				2. \$
				3. \$

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

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

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

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

**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 \$
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.)

\$ 0

**Funds Transferred from Prior Campaign**

\$ 3093.20

**Deposits** (Include interest)

\$ 9555.00

**Disbursements** (Include bank charges)

\$ 5258.36

**Closing Balance, this Report**

\$ 7389.84

HAVENS SAVINGS BANK

JEN GIATTINO POLITICAL COUNCIL

NAME OF BANK OR DEPOSITORY

NAME OF ACCOUNT

621 WASHINGTON STREET, HOBOKEN, NJ 07030

ADDRESS OF BANK OR DEPOSITORY

201-659-3600

\*TELEPHONE NUMBER (DAY)

NAME OF TREASURER

JAMES H. AIBEL, 1004 GARDEN STREET, 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.

10/7/19  
DATE

Jennifer Rachel Giattino  
PRINT FULL NAME (CANDIDATE)

[Signature]  
SIGNATURE (CANDIDATE)

\_\_\_\_\_  
DATE

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

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

\_\_\_\_\_  
DATE

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

[Signature]  
SIGNATURE (CANDIDATE)

10/7/19  
DATE

JAMES H. AIBEL  
PRINT FULL NAME (TREASURER)

[Signature]  
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)