

FORM R-1	<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"/> Jul. 15, _____ <input checked="" type="checkbox"/> Oct. 15, 2019 <input type="checkbox"/> Jan. 15, _____		
<b>NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION</b> P.O. BOX 185, Trenton, NJ 08626-0185 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELCC (3532) Web site: <a href="http://www.elec.state.nj.us/">http://www.elec.state.nj.us/</a>					
<b>CANDIDATE OR COMMITTEE NAME</b> ELECT ARMSTEAD FOR MAYOR					
<b>STREET ADDRESS</b> 516 CARNEGIE STREET			Amendment Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
<b>CITY</b> LINDEN	<b>STATE</b> NJ	<b>ZIP CODE</b> 07036	<b>FOR STATE USE ONLY</b> <b>ELEC RECEIVED</b> <b>OCT 15 2019</b>		
<b>COUNTY</b> UNION	<b>ELECTION DISTRICT OR MUNICIPALITY</b> LINDEN				
<b>POLITICAL PARTY, IF ANY</b> DEMOCRATIC	<b>OFFICE SOUGHT</b> MAYOR				
<b>ELECTION DATE</b> 6/7/2022	<b>ELECTION TYPE (CHECK ONE)</b> <input checked="" type="checkbox"/> PRIMARY <input type="checkbox"/> RUN-OFF				
		<input type="checkbox"/> MUNICIPAL <input type="checkbox"/> RUN-OFF		<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIAL	
<b>SUMMARY TABLES</b>			DO NOT ATTEMPT TO COMPLETE TABLES I & II UNTIL APPROPRIATE SCHEDULES HAVE BEEN COMPLETED		
<b>TABLE I. RECEIPTS</b>			<b>THIS REPORT</b>	<b>CUMULATIVE TO DATE</b>	
1 MONETARY CONTRIBUTIONS OF \$300 OR LESS				\$	10,072.77
2 MONETARY CONTRIBUTIONS IN EXCESS OF \$300 (Schedule A)				\$	7,200.00
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 (Schedule C)					
6 SUB-TOTAL (ADD LINE 1 THRU 5)			\$	-	\$ 17,272.77
7 REFUND OF EXCESSIVE CONTRIBUTIONS [Adjustment Schedule]					
8 TOTAL CONTRIBUTIONS			\$	-	\$ 17,272.77
9 ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)					\$ (2,334.15)
10 TOTAL RECEIPTS (ADD LINE 8 + LINE 9)			\$	-	\$ 14,938.62
<b>TABLE II EXPENDITURES</b>					
1 DISBURSEMENTS - CAMPAIGN EXPENSE [Schedule 1(D)]			\$	648.55	\$ 648.55
2 DISBURSEMENTS - OTHER [Schedule 2(D)]			\$	-	\$ 10,211.63
3 DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]			\$	1,090.00	\$ 1,165.00
4 CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(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 (LINE 7 MINUS LINE 8)			\$	1,738.55	\$ 12,045.18
8 REFUNDED DISBURSEMENTS [Schedule F]					
9 TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)			\$	1,738.55	\$ 12,045.18

**SCHEDULE A**

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

CONTRIBUTOR NAME NONE		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
<input type="checkbox"/>	CHECK IF CURRENCY	AGGREGATE AMOUNT	DATE(S) RECEIVED
OCCUPATION		AMOUNT(S) RECEIVED THIS PERIOD	
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
<input type="checkbox"/>	CHECK IF CURRENCY	AGGREGATE AMOUNT	DATE(S) RECEIVED
OCCUPATION		AMOUNT(S) RECEIVED THIS PERIOD	
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
<input type="checkbox"/>	CHECK IF CURRENCY	AGGREGATE AMOUNT	DATE(S) RECEIVED
OCCUPATION		AMOUNT(S) RECEIVED THIS PERIOD	
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
<input type="checkbox"/>	CHECK IF CURRENCY	AGGREGATE AMOUNT	DATE(S) RECEIVED
OCCUPATION		AMOUNT(S) RECEIVED THIS PERIOD	
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
<input type="checkbox"/>	CHECK IF CURRENCY	AGGREGATE AMOUNT	DATE(S) RECEIVED
OCCUPATION		AMOUNT(S) RECEIVED THIS PERIOD	
<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>	\$ -

## SCHEDULE B

### In-Kind Contributions in Excess of \$300

CONTRIBUTOR NAME NOT APPLICABLE		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
		DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
OCCUPATION			
DESCRIPTION OF IN-KIND CONTRIBUTION(S)			
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
		DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
OCCUPATION			
DESCRIPTION OF IN-KIND CONTRIBUTION(S)			
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
		DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
OCCUPATION			
DESCRIPTION OF IN-KIND CONTRIBUTION(S)			
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
		DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
OCCUPATION			
DESCRIPTION OF IN-KIND CONTRIBUTION(S)			
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
		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 DEREK ARMSTEAD		EMPLOYER NAME COUNTY OF UNION	
LENDER ADDRESS 516 CARNEGIE STREET		EMPLOYER ADDRESS	
LINDEN, NJ 07036		ELIZABETH, NJ	
OCCUPATION			
CO-SIGNER NAME N/A		EMPLOYER NAME	
CO-SIGNER ADDRESS		EMPLOYER ADDRESS	
OCCUPATION		EMPLOYER ADDRESS	
DATE(S) RECEIVED 10/24/2014	AGGREGATE AMOUNT \$ 1,500.00	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		EMPLOYER ADDRESS	
DATE(S) RECEIVED	AGGREGATE AMOUNT	CHECK IF CURRENCY	<input type="checkbox"/>
TOTAL AMOUNT OF LOANS RECEIVED THIS REPORT PERIOD		\$	

**ADJUSTMENT SCHEDULE**  
Refund of Excessive Contributions

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	REFUNDED AMOUNT
		NONE	
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	\$ 0.00
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$ 0.00

**SCHEDULE 1(D) - DISBURSEMENTS**

**Campaign Expenses**

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING PERIOD	PRO-RATA AMOUNT OTHERS
		NONE				
				\$	-	-
				\$	-	-
(COMPLETE THIS LINE FOR EVERY PAGE USED)				\$	-	-
(COMPLETE THIS LINE FOR LAST PAGE USED)				\$	-	-

**SCHEDULE 2(D) - DISBURSEMENTS**

**Campaign Expenses**

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING PERIOD	PRO-RATA AMOUNT OTHERS
				\$ -	\$ -	\$ -
				\$ -	\$ -	\$ -
(COMPLETE THIS LINE FOR EVERY PAGE USED)				\$ -	\$ -	\$ -
(COMPLETE THIS LINE FOR LAST PAGE USED)				\$ -	\$ -	\$ -

**SCHEDULE 3(D) - DISBURSEMENTS**

Other

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING PERIOD	PRO-RATA AMOUNT OTHERS
7/1/2019	Debit	Facebook	Boosting posts	\$ 236.93	\$236.93	
7/31/2019	Debit	1 Hacker Way	Boosting posts	\$ 124.53	\$124.53	
9/3/2019	Debit	Mentlo Park, CA	Boosting posts	\$ 49.34	\$49.34	
7/15/19	Debit	USPS 400 N. Wood Linden, NJ	Mail Election Report	\$ 7.75	\$ 7.75	
7/25/2019	884	James Bernard 319 Kennedy Drive Linden, NJ	Aide	\$ 80.00	\$ 80.00	
9/30/2019	888	Union County United PO Box 71 Roselle Park, NJ	2 tickets to fundraiser	\$ 150.00	\$ 150.00	
(COMPLETE THIS LINE FOR EVERY PAGE USED)				TOTAL, THIS PAGE	\$ 648.55	\$ 648.55
(COMPLETE THIS LINE FOR LAST PAGE USED)				GRAND TOTAL	\$ 648.55	\$ 648.55



**SCHEDULE 3(D) - DISBURSEMENTS**

**Contributions made to other Candidates / Committees**

PAYMENT DATE	CHECK NO.	RECIPIENT CANDIDATE / COMMITTEE	ADDRESS	AMOUNT
9/6/2019	885	Linden Democratic Club	311 W Henry Street Linden, NJ	\$ 90.00
9/13/2019	887	Dover For Everyone	331 Richards Avenue Dover, NJ	\$ 1,000.00
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>				\$ 1,090.00
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 \$ 1,090.00
GRAND TOTAL OF CONTRIBUTIONS MADE TO AND ON BEHALF OF CANDIDATES / COMMITTEES				2 \$
				3 \$ 1,090.00

**SCHEDULE E**

**Outstanding Obligations**

Date Incurred	Creditor's Name	Address	Description	Amount
4/11/2014	Derek Armstead	516 Carnegie Street, Linden, NJ 07036	Food & Berage for meeting	\$ 104.53
4/16/2014	Derek Armstead	516 Carnegie Street, Linden, NJ 07036	Envelopes for invites	\$ 32.72
4/18/2014	Derek Armstead	516 Carnegie Street, Linden, NJ 07036	Envelopes	\$ 76.98
4/22/2014	Derek Armstead	516 Carnegie Street, Linden, NJ 07036	Envelopes	\$ 12.83
4/25/2014	Derek Armstead	516 Carnegie Street, Linden, NJ 07036	Envelopes	\$ 25.86
4/27/2014	Derek Armstead	516 Carnegie Street, Linden, NJ 07036	Labels & Ink Cartridges	\$ 238.59
4/27/2014	Derek Armstead	516 Carnegie Street, Linden, NJ 07036	Envelopes	\$ 76.98
4/30/2014	Derek Armstead	516 Carnegie Street, Linden, NJ 07036	Envelopes	\$ 89.81
4/30/2014	Derek Armstead	516 Carnegie Street, Linden, NJ 07036	Rubberbands	\$ 3.73
5/1/2014	Derek Armstead	516 Carnegie Street, Linden, NJ 07036	Food For Contribitors	\$ 73.59
5/1/2014	Derek Armstead	516 Carnegie Street, Linden, NJ 07036	Beverages for Contributors	\$ 132.07
5/3/2014	Derek Armstead	516 Carnegie Street, Linden, NJ 07036	Postage	\$ 147.00
			TOTAL	
			OUTSTANDING	\$ 1,014.69
			OBLIGATIONS	

**SCHEDULE F**

**Refunded Disbursements**

Date	Full Name	Address	Description	Amount
		Not Applicable		
			SCHEDULE F TOTAL	

# SCHEDULE G

## Recipients of In-Kind Contributions

NAME OF RECIPIENT CANDIDATE/COMMITTEE		
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY Linden	
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 Linden	
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


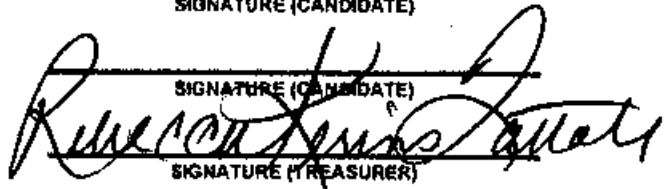
**STATEMENT OF CAMPAIGN DEPOSITORY AND CAMPAIGN TREASURER**

<b>Opening Balance this Report</b> <small>closing balance of last report, or, if this is the first report filed by this entity for this election, insert zero)</small>	<small>(Insert)</small> \$ 4,631.99
<b>Funds Transferred from Prior Campaign</b>	
<b>Deposits</b> (Include Interest.)	
<b>Disbursements</b> (Include Bank Charges.)	\$ 1,738.55
<b>Closing Balance, this Report</b>	\$ 2,893.44

<b>UNITY BANK</b> <small>NAME OF BANK OR DEPOSITORY</small>	<b>ELECT ARMSTEAD FOR MAYOR</b> <small>COMMITTEE NAME</small>
628 N. WOOD AVENUE LINDEN, NJ 07036 <small>ADDRESS OF BANK DEPOSITORY</small>	
<b>REBECCA KERINS-TATTOLI</b> <small>NAME OF TREASURER</small>	908-337-8606 <small>* TELEPHONE NUMBER (DAY)</small>
626 BEECHWOOD ROAD LINDEN, NJ 07036 <small>ADDRESS OF TREASURER</small>	

**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.

<u>10/7/19</u> <small>DATE</small>	<u>DEREK ARMSTEAD</u> <small>PRINT FULL NAME (CANDIDATE)</small>	 <small>SIGNATURE (CANDIDATE)</small>
_____ <small>DATE</small>	_____ <small>PRINT FULL NAME (CANDIDATE)</small>	_____ <small>SIGNATURE (CANDIDATE)</small>
_____ <small>DATE</small>	_____ <small>PRINT FULL NAME (CANDIDATE)</small>	_____ <small>SIGNATURE (CANDIDATE)</small>
<u>10/7/19</u> <small>DATE</small>	<u>REBECCA KERINS-TATTOLI</u> <small>PRINT FULL NAME (TREASURER)</small>	 <small>SIGNATURE (TREASURER)</small>

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 application 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.

_____ <small>DATE</small>	_____ <small>PRINT FULL NAME (CANDIDATE)</small>	_____ <small>SIGNATURE (CANDIDATE)</small>
_____ <small>DATE</small>	_____ <small>PRINT FULL NAME (CANDIDATE)</small>	_____ <small>SIGNATURE (CANDIDATE)</small>
_____ <small>DATE</small>	_____ <small>PRINT FULL NAME (CANDIDATE)</small>	_____ <small>SIGNATURE (CANDIDATE)</small>
_____ <small>DATE</small>	_____ <small>PRINT FULL NAME (CANDIDATE)</small>	_____ <small>SIGNATURE (CANDIDATE)</small>
_____ <small>DATE</small>	_____ <small>PRINT FULL NAME (TREASURER)</small>	_____ <small>SIGNATURE (TREASURER)</small>