FORM R-1 — REPORT OF CONTRIBUTIONS AND EXPENDITURES

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.nj.gov

REPORT (CHECK ONE):
- [X] 29 - DAY PRE-ELECTION
- [ ] 11 - DAY PRE-ELECTION
- [ ] 20 - DAY POST-ELECTION
- [ ] Apr. 15, _____
- [ ] July 15, _____
- [ ] Oct. 15, _____
- [ ] Jan. 15, _____

Amendment Yes [ ] No [ ]

CANDIDATE OR COMMITTEE NAME: ELECTION FUND FOR WILLIAM SCHIEVELLA

STREET ADDRESS: P.O. Box 576

CITY: Rockaway | STATE: NJ | ZIP CODE: 078666

COUNTY: MORRIS | ELECTION DISTRICT OR MUNICIPALITY:

POLITICAL PARTY, IF ANY: DEMOCRAT | OFFICE SOUGHT: COUNTY SHERIFF

For State Use Only
ELEC RECEIVED
MAY - 6 2019

ELECTION DATE:

ELECTION TYPE (CHECK ONE)
- [X] PRIMARY
- [ ] GENERAL
- [ ] MAY MUNICIPAL
- [ ] RUN-OFF
- [ ] SCHOOL
- [ ] FIRE DISTRICT
- [ ] 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		$ 100	$ 100
2. MONETARY CONTRIBUTIONS IN EXCESS OF $300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]		$ 2,500	$ 2,500
3. IN-KIND CONTRIBUTIONS OF $300 OR LESS		$ 852.44	$ 852.44
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)**	$ 3452.44	$ 3452.44
7. REFUND OF CONTRIBUTIONS [Adjustment Schedule]	(-)	$	$
8. TOTAL CONTRIBUTIONS		$ 3452.44	$ 3452.44
9. ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN	(+)	$	$
10. **TOTAL RECEIPTS**	**(ADD LINE 8 + LINE 9)**	$ 3452.44	$ 3542.44

TABLE II. EXPENDITURES			
1. DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]		$ 0	$ 0
2. DISBURSEMENTS - OTHER [Schedule 2(D)]		$ 0	$ 0
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)**	$ 0	$ 0
8. REFUNDED DISBURSEMENTS [Schedule F]	(-)	$ 0	$ 0
9. **TOTAL EXPENDITURES**	**(LINE 7 MINUS LINE 8)**	$ 0	$ 0

SCHEDULE A

Monetary Contributions in Excess of $300 and All Currency Contributions

CONTRIBUTOR NAME			EMPLOYER NAME		
SAUDINO FOR SHERIFF			N/A		
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS		
113 Randolph Ave			N/A		
Emerson, NJ 07630					
2500	CHECK IF CURRENCY ☐	AGGREGATE AMOUNT $ 2,500	DATE(S) RECEIVED 4/20/19	AMOUNT(S) RECEIVED THIS PERIOD $ 2,500	
OCCUPATION					
CONTRIBUTOR NAME			EMPLOYER NAME		
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS		
	CHECK IF CURRENCY ☐	AGGREGATE AMOUNT $	DATE(S) RECEIVED	AMOUNT(S) $	RECEIVED THIS PERIOD
OCCUPATION					
CONTRIBUTOR NAME			EMPLOYER NAME		
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS		
	CHECK IF CURRENCY ☐	AGGREGATE AMOUNT $	DATE(S) RECEIVED	AMOUNT(S) $	RECEIVED THIS PERIOD
OCCUPATION					
CONTRIBUTOR NAME			EMPLOYER NAME		
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS		
	CHECK IF CURRENCY ☐	AGGREGATE AMOUNT $	DATE(S) RECEIVED	AMOUNT(S) $	RECEIVED THIS PERIOD
OCCUPATION					
CONTRIBUTOR NAME			EMPLOYER NAME		
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS		
	CHECK IF CURRENCY ☐	AGGREGATE AMOUNT $	DATE(S) RECEIVED	AMOUNT(S) $	RECEIVED THIS PERIOD
OCCUPATION					
CONTRIBUTOR NAME			EMPLOYER NAME		
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS		
	CHECK IF CURRENCY ☐	AGGREGATE AMOUNT $	DATE(S) RECEIVED	AMOUNT(S) $	RECEIVED THIS PERIOD
OCCUPATION					

(COMPLETE THIS LINE FOR EVERY PAGE USED)	**TOTAL, THIS PAGE**	$ 2,500
(COMPLETE THIS LINE FOR LAST PAGE USED)	**GRAND TOTAL**	$ 2,500

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)				

(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 ☐
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 ☐
TOTAL AMOUNT OF LOANS RECEIVED THIS REPORT PERIOD	$	

ADJUSTMENT SCHEDULE

Refund of Contributions

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	REFUNDED AMOUNT
			$

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
				$	$	$

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
				$	$	$
(COMPLETE THIS LINE FOR EVERY PAGE USED)			TOTAL, THIS PAGE	$	$	$
(COMPLETE THIS LINE FOR LAST PAGE USED)			GRAND TOTAL	$	$	$

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(s)	Creditor's Name	Address	Description	Amount
				$
			TOTAL OUTSTANDING OBLIGATIONS	$

SCHEDULE F

Refunded Disbursements

Date(s)	Check #	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.) $ Ø

Funds Transferred from Prior Campaign $ Ø

Deposits (Include interest) $2,600 $ 2,600

Disbursements (Include bank charges) $

Closing Balance, this Report $ 2,600

TD Bank — Election Fund for William Schievella
NAME OF BANK OR DEPOSITORY — NAME OF ACCOUNT

326 Mt. Hope Avenue, Dover, NJ 07801
ADDRESS OF BANK OR DEPOSITORY

Marilyn Schievella — 201-944-8113
NAME OF TREASURER — *TELEPHONE NUMBER (DAY)

Post Office Box 576, Rockaway NJ 07866
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)
5/8/19	William Schievella	William Schievella
5/7/19	Marilyn Schievella	Marilyn Schievella
DATE	PRINT FULL NAME (TREASURER)	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 (TREASURER)	SIGNATURE (TREASURER)

*Leave this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 47:1A-1.1, an unlisted telephone number is not a public record and must not be provided on this form.