

FORM R-1	REPORT OF CONTRIBUTIONS AND EXPENDITURES	REPORT (CHECK ONE) <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, _____	
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) Web site http://www.elec.state.nj.us/			
CANDIDATE OR COMMITTEE NAME COMMITTEE TO ELECT CORTELLESSA COUNCILMAN			
STREET ADDRESS 27 LORRIE LANE		Amendment Yes <input type="checkbox"/> No <input type="checkbox"/>	
CITY WANAQUE	STATE NJ	ZIP CODE 07465	
COUNTY PASSAIC	ELECTION DISTRICT OR MUNICIPALITY WANAQUE		
POLITICAL PARTY, IF ANY REPUBLICAN	OFFICE SOUGHT COUNCILMAN		
ELECTION DATE 6/8/2010	ELECTION TYPE (CHECK ONE) <input checked="" type="checkbox"/> PRIMARY <input type="checkbox"/> RUN-OFF	<input type="checkbox"/> MUNICIPAL <input type="checkbox"/> SCHOOL <input type="checkbox"/> GENERAL <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 OF \$300 OR LESS		\$ 300.00	\$ 300.00
2 MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]		\$ 0	\$ 5000.00
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)		\$ 300.00	\$ 5300.00
7 REFUND OF EXCESSIVE CONTRIBUTIONS [Adjustment Schedule] (-)		\$ 0	\$ 0
8 TOTAL CONTRIBUTIONS		\$ 300.00	\$ 5300.00
9 ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)		\$ 0	\$ 0
10 TOTAL RECEIPTS (ADD LINE 8 + LINE 9)		\$ 300.00	\$ 5300.00
TABLE II. EXPENDITURES			
1 DISBURSEMENTS -CAMPAIGN EXPENSES [Schedule 1(D)]		\$ 5300.00	\$ 5300.00
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)		\$ 5300.00	\$ 5300.00
8 REFUNDED DISBURSEMENTS [Schedule F] (-)		\$ 0	\$ 0
9 TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)		\$ 5300.00	\$ 5300.00

SCHEDULE A

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

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		
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	\$	0
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$	0

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)			

NONE

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	
NONE			
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 Excessive Contributions

PAYMENT DATE	CHECK NO	PAYEE NAME AND ADDRESS	REFUNDED AMOUNT
		<i>None</i>	\$
(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
6/1/10	2001	Suburban Trends Kinneton, NJ	Newspaper Ad.	\$ 675.00	\$	\$
6/1/10	2002	Printing Images Wanaque, NJ	Political Flyer	1,327.53		
6/2/10	2003	Suburban Trends Kinneton NJ	Newspaper Ad	675.00		
6/1/10	2004	Political Service Co. Delaware OH	Letter Signs	628.93		
6/1/10	2005	Printing Images Wanaque NJ	Political Flyer	1,239.80		
6/1/10	2006	Jim Pirinogov Wanaque NJ	Challenges	84.00		
6/16/10	2007	Mary Leonard Wanaque NJ	Challenges	126.00		
6/16/10	2008	John Bean Wanaque NJ	Challenges	84.00		
6/16/10	2009	Rob Pettit Wanaque NJ	Challenges	126.00		
6/28/10	—	Balance of \$333.74 transferred to the Director Committee to elect Catherine Pappalardo	Challenges	333.74		
(COMPLETE THIS LINE FOR EVERY PAGE USED)				\$ 5300.00	\$	\$
(COMPLETE THIS LINE FOR LAST PAGE USED)				\$ 5300.00	\$	\$

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
			<i>None</i>	\$	\$	\$
(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
		<i>None</i>		\$ 0
(COMPLETE THIS LINE FOR EVERY PAGE USED)				\$ 0
TOTAL, THIS PAGE				
COMPLETE THE FOLLOWING LINES FOR LAST PAGE USED				
SCHEDULE 3(D) GRAND TOTAL				
				1 \$ 0
				2 \$ 0
				3 \$ 0
				(+)
GRAND TOTAL OF CONTRIBUTIONS MADE TO AND ON BEHALF OF CANDIDATES/COMMITTEES				

SCHEDULE E
Outstanding Obligations

Date Incurred	Creditor's Name	Address	Description	Amount
		None		\$
TOTAL OUTSTANDING OBLIGATIONS				\$ 0

SCHEDULE F
Refunded Disbursements

Date	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 \$

None

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)	\$ <u>5000.00</u>
Funds Transferred from Prior Campaign	\$ <u>-0-</u>
Deposits (Include interest)	\$ <u>300.00</u>
Disbursements (Include bank charges)	\$ <u>5300.00</u>
Closing Balance, this Report	\$ <u>-0-</u>
<u>LAKELAND BANK</u> NAME OF BANK OR DEPOSITORY	<u>COMMITTEE TO ELECT CORTELLESSA</u> NAME OF ACCOUNT
<u>28 MAIN STREET</u> ADDRESS OF BANK OR DEPOSITORY	<u>BLOOMINGDALE NJ 07403</u> ADDRESS OF BANK OR DEPOSITORY
<u>DANIEL G MAHLER</u> NAME OF TREASURER	<u>973-838-0904</u> *TELEPHONE NUMBER (DAY)
<u>27 LORRIE LANE, WANAQUE, NJ 07465</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.

6/28/10
DATE

DOMINICK CORTELLESSA

PRINT FULL NAME (CANDIDATE)


SIGNATURE (CANDIDATE)

DATE

PRINT FULL NAME (CANDIDATE)

SIGNATURE (CANDIDATE)

6/28/10
DATE

DANIEL G MAHLER

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.

6/28/10
DATE

DOMINICK CORTELLESSA

PRINT FULL NAME (CANDIDATE)


SIGNATURE (CANDIDATE)

DATE

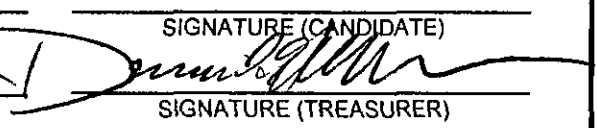
PRINT FULL NAME (CANDIDATE)

SIGNATURE (CANDIDATE)

6/28/10
DATE

DANIEL G MAHLER

PRINT FULL NAME (TREASURER)


SIGNATURE (TREASURER)