

<b>FORM R-1</b>	<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 checked="" type="checkbox"/> Apr. 15, <u>2019</u> <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) Web site: <a href="http://www.elec.state.nj.us/">http://www.elec.state.nj.us/</a>		Amendment Yes <input type="checkbox"/> No <input type="checkbox"/>  <b>For State Use Only</b>  <b>ELEC RECEIVED</b>  <b>APR 23 2019</b>	
CANDIDATE OR COMMITTEE NAME <u>Michael P Nechinson</u>			
STREET ADDRESS <u>37 Stocker Rd</u>			
CITY <u>Verona</u>	STATE <u>NJ</u>		ZIP CODE <u>07044</u>
COUNTY <u>Essex</u>	ELECTION DISTRICT OR MUNICIPALITY <u>Verona Borough</u>		
POLITICAL PARTY, IF ANY <u>Non-Partisan</u>	OFFICE SOUGHT <u>Council (Municipal)</u>		
ELECTION DATE <u>5/14/2019</u>	ELECTION TYPE (CHECK ONE)	<input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input checked="" type="checkbox"/> 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 OF \$300 OR LESS	\$ 3,289	\$ 3,719
2. MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]	\$ 6,460	\$ 7,210
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	\$ 5,000
6. SUB TOTAL (ADD LINES 1 THRU 5)	\$ 9,749	\$ 15,929
7. REFUND OF EXCESSIVE CONTRIBUTIONS [Adjustment Schedule] (-)	\$ 0	\$ 0
8. TOTAL CONTRIBUTIONS	\$ 9,749	\$ 15,929
9. ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)	\$ 0	\$ 15,934
10. TOTAL RECEIPTS (ADD LINE 8 + LINE 9)	\$ 9,749	\$ 16,087

TABLE II. EXPENDITURES	THIS REPORT	CUMULATIVE TO DATE
1. DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]	\$ 5,955	\$ 9,505
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)	\$ 5,955	\$ 9,505
8. REFUNDED DISBURSEMENTS [Schedule F] (-)	\$ 0	\$ 0
9. TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)	\$ 5,955	\$ 9,505

4/18/2019

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

CONTRIBUTOR NAME Rick & Eileen Petrino		EMPLOYER NAME American Express	
CONTRIBUTOR ADDRESS 1 Crilley Court		EMPLOYER ADDRESS Three World Financial Center	
Verona NJ 07044		200 Vesey Street, NY NY 10285	
<input type="checkbox"/>	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 1,000.00	DATE(S) RECEIVED
OCCUPATION Marketing / Exc.			AMOUNT(S) RECEIVED THIS PERIOD \$ 500.00
CONTRIBUTOR NAME FRANK FERRARI		EMPLOYER NAME Ferrari Investments	
CONTRIBUTOR ADDRESS 43 Howell Drive		EMPLOYER ADDRESS 414 Eagle Rock Ave.	
Verona NJ 07044		Suite 208 West Orange, NJ	
<input type="checkbox"/>	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 500.00	DATE(S) RECEIVED
OCCUPATION Sales / Real estate			AMOUNT(S) RECEIVED THIS PERIOD \$ 1,000.00
CONTRIBUTOR NAME NANCY & Henry Sampers		EMPLOYER NAME Retired	
CONTRIBUTOR ADDRESS 5051 Pelican Colony		EMPLOYER ADDRESS	
#103 Bonita Springs Fl. 34134 Blvd.			
<input type="checkbox"/>	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 500.00	DATE(S) RECEIVED
OCCUPATION Retired			AMOUNT(S) RECEIVED THIS PERIOD \$ 500.00
CONTRIBUTOR NAME DR. LYNN B. HARRISON		EMPLOYER NAME Retired	
CONTRIBUTOR ADDRESS 2 CLARIDGE DRIVE		EMPLOYER ADDRESS	
Apt 10 ME Verona, NJ			
<input type="checkbox"/>	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 360.00	DATE(S) RECEIVED
OCCUPATION Retired			AMOUNT(S) RECEIVED THIS PERIOD \$ 360.00
CONTRIBUTOR NAME Robert R. DeTore		EMPLOYER NAME AVA Properties / Turning Point	
CONTRIBUTOR ADDRESS 15 Hobart Road		EMPLOYER ADDRESS 680 Broadway	
Summit NJ 07901		Paterson, NJ	
<input type="checkbox"/>	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 1,000.00	DATE(S) RECEIVED
OCCUPATION Executive / Real Estate / CEO			AMOUNT(S) RECEIVED THIS PERIOD \$ 1,000.00
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	\$
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$

4/18/20

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

CONTRIBUTOR NAME Mark DeMattheis & Rosann		EMPLOYER NAME De Mattheis Investments LLC.	
CONTRIBUTOR ADDRESS 23 Indianhead Road		EMPLOYER ADDRESS 70 Bloomfield Ave, #200	
Morristown NJ 07960		Pine Brook, NJ 07058	
<input type="checkbox"/>	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 500.00	DATE(S) RECEIVED
OCCUPATION Real Estate / Executive			AMOUNT(S) RECEIVED THIS PERIOD \$ 500.00
CONTRIBUTOR NAME Christian Strumolo		EMPLOYER NAME Power Data Advisors LLC.	
CONTRIBUTOR ADDRESS 153 Morningside Road.		EMPLOYER ADDRESS 9 Rosewood Terr.	
Verona, NJ 07044		Bloomfield NJ 07003-3607	
<input type="checkbox"/>	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 2,600.00	DATE(S) RECEIVED
OCCUPATION Sales / Executive			AMOUNT(S) RECEIVED THIS PERIOD \$ 2,600.00
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
<input type="checkbox"/>	CHECK IF CURRENCY <input type="checkbox"/>	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 <input type="checkbox"/>	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 <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED
OCCUPATION			AMOUNT(S) RECEIVED THIS PERIOD \$
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	\$
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$

**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"/>	
	\$		
<b>TOTAL AMOUNT OF LOANS RECEIVED THIS REPORT PERIOD</b>		\$	

**ADJUSTMENT SCHEDULE**  
**Refund of Excessive Contributions**

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	REFUNDED AMOUNT
			\$
<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 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)		
				(COMPLETE THIS LINE FOR LAST PAGE USED)		
				TOTAL, THIS PAGE		
				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)				\$
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 Incurred	Creditor's Name	Address	Description	Amount
				\$
TOTAL OUTSTANDING OBLIGATIONS				\$

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

Date	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.)

\$ 2,788<sup>47</sup>

**Funds Transferred from Prior Campaign**

\$ —

**Deposits (Include interest)**

\$ 9749

**Disbursements (Include bank charges)**

\$ 5955

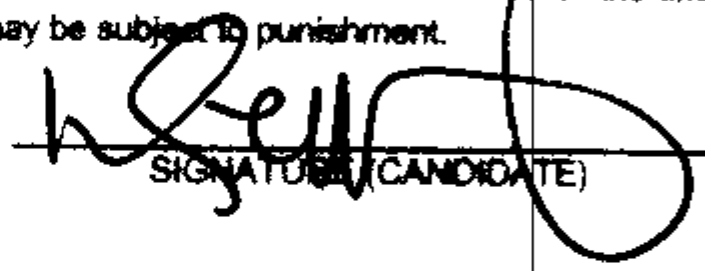
**Closing Balance, this Report**

\$ 6582<sup>47</sup>

<u>Chase</u>		NAME OF BANK OR DEPOSITORY
<u>566 Bloomfield Ave Verona, NJ 07044</u>		NAME OF ACCOUNT
<u>Michael P. Nachimson</u>		ADDRESS OF BANK OR DEPOSITORY
<u>37 Stocker Road Verona NJ 07044</u>		TELEPHONE NUMBER (DAY)
<u>201-247-5420</u>		NAME OF TREASURER
<u>37 Stocker Road Verona NJ 07044</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.

<u>4/19/2019</u> DATE	<u>Michael P. Nachimson</u> PRINT FULL NAME (CANDIDATE)	 SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)

<u>4/19/2019</u> DATE	<u>Michael P. Nachimson</u> PRINT FULL NAME (TREASURER)	 SIGNATURE (TREASURER)
_____ 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 (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (TREASURER)	_____ SIGNATURE (TREASURER)