

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 type="checkbox"/> 20 - DAY POST-ELECTION <input type="checkbox"/> Apr 15, _____ <input type="checkbox"/> July 15, _____ <input checked="" type="checkbox"/> Oct 15, <u>2005</u> <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 <u>Graham Starnich for Verona Council</u>		
STREET ADDRESS <u>25 Fairview Avenue</u>		Amendment Yes <input type="checkbox"/> No <input type="checkbox"/>
CITY <u>Verona</u>	STATE <u>NJ</u>	ZIP CODE <u>07044</u>
COUNTY <u>Essex</u>	ELECTION DISTRICT OR MUNICIPALITY <u>Township of Verona</u>	
POLITICAL PARTY, IF ANY <u>—</u>	OFFICE SOUGHT <u>Township of Verona Council</u>	
ELECTION DATE <u>May 10, 2005</u>	ELECTION TYPE (CHECK ONE) <input type="checkbox"/> PRIMARY <input type="checkbox"/> RUN-OFF <input checked="" 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	\$ <u>0</u>	\$ <u>13,150.00</u>
2 MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]	\$ <u>0</u>	\$ <u>29,100.00</u>
3 IN-KIND CONTRIBUTIONS OF \$300 OR LESS	\$ <u>0</u>	\$ <u>0</u>
4 IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]	\$ <u>0</u>	\$ <u>7,203.99</u>
5 LOANS RECEIVED IN EXCESS OF \$300 AND ALL CURRENCY LOANS [Schedule C]	\$ <u>0</u>	\$ <u>0</u>
6 SUB TOTAL (ADD LINES 1 THRU 5)	\$ <u>0</u>	\$ <u>45,453.99</u>
7 REFUND OF EXCESSIVE CONTRIBUTIONS [Adjustment Schedule] (-)	\$ <u>0</u>	\$ <u>2,925.00</u>
8 TOTAL CONTRIBUTIONS	\$ <u>0</u>	\$ <u>42,528.99</u>
9 ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)	\$ <u>0</u>	\$ <u>0</u>
10 TOTAL RECEIPTS (ADD LINE 8 + LINE 9)	\$ <u>0</u>	\$ <u>42,528.99</u>
TABLE II EXPENDITURES		
1 DISBURSEMENTS -CAMPAIGN EXPENSES [Schedule 1(D)]	\$ <u>1,525.40</u>	\$ <u>42,277.99</u>
2 DISBURSEMENTS - OTHER [Schedule 2(D)]	\$ <u>0</u>	\$ <u>255.00</u>
3 DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]	\$ <u>0</u>	\$ <u>0</u>
4 CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)]	\$ <u>0</u>	\$ <u>0</u>
5 IN-KIND CONTRIBUTIONS OF \$300 OR LESS (TABLE I, LINE 3)	\$ <u>0</u>	\$ <u>0</u>
6 IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)	\$ <u>0</u>	\$ <u>0</u>
7 SUB TOTAL (ADD LINES 1 THRU 6)	\$ <u>1,525.40</u>	\$ <u>42,528.99</u>
8 REFUNDED DISBURSEMENTS [Schedule F] (-)	\$ <u>0</u>	\$ <u>0</u>
9 TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)	\$ <u>1,525.40</u>	\$ <u>42,528.99</u>

SCHEDULE A

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

CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS <i>N/A</i>			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				
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	\$ <i>N/A</i>
(COMPLETE THIS LINE FOR LAST PAGE USED)			GRAND TOTAL	\$ <i>_____</i>

SCHEDULE B
In-Kind Contributions in Excess of \$300

CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS N/A		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)			
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	\$ N/A
(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 <i>N/A</i>		EMPLOYER ADDRESS	
OCCUPATION			
CO-SIGNER NAME		EMPLOYER NAME	
CO-SIGNER ADDRESS		EMPLOYER ADDRESS	
OCCUPATION			
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			
DATE(S) RECEIVED		AGGREGATE AMOUNT	CHECK IF CURRENCY <input type="checkbox"/>
		\$	
TOTAL AMOUNT OF LOANS RECEIVED THIS REPORT PERIOD		\$ <i>N/A</i>	

ADJUSTMENT SCHEDULE
Refund of Excessive Contributions

PAYMENT DATE	CHECK NO	PAYEE NAME AND ADDRESS	REFUNDED AMOUNT
		N/A	\$
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	\$
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$

N/A

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
6-7-05	1052	HoP Consulting, LLC 155 Midway Road Hackensack, NJ 07601	Reimbursement - further	\$ 6139	\$	\$
6-7-05	1057	Lumbard's Pub 399 Pompton Ave Pompton, NJ 07099 cedar Grove	Catering - Election day	\$ 650.00		
8-6-05	1054	Ray Ferrer's 155 Midway Road Hackensack, NJ 07601	Reimbursement - Acct	\$ 51.00		
8-6-05	1051	Chester's Cakes 611 South Avenue Garwood, NJ 07027	Printings	762.51		
TOTAL, THIS PAGE				\$ 1,525.40	\$	\$
GRAND TOTAL				\$ 1,525.40	\$	\$

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
		N/A		\$	\$	\$
(COMPLETE THIS LINE FOR EVERY PAGE USED)				\$	\$	\$
(COMPLETE THIS LINE FOR LAST PAGE USED)				\$ N/A	\$	\$

SCHEDULE 3(D) - DISBURSEMENTS
Contributions made to other Candidates/Committees

PAYMENT DATE	CHECK NO	RECIPIENT CANDIDATE/COMMITTEE	ADDRESS	AMOUNT
		N/A		\$
(COMPLETE THIS LINE FOR EVERY PAGE USED)				\$
TOTAL, THIS PAGE				\$
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 \$
GRAND TOTAL OF CONTRIBUTIONS MADE TO AND ON BEHALF OF CANDIDATES/COMMITTEES				2 \$ N/A
				3 \$

SCHEDULE E
Outstanding Obligations

Date Incurred	Creditor's Name	Address	Description	Amount
	N/A			\$
TOTAL OUTSTANDING OBLIGATIONS				\$ _____

SCHEDULE F
Refunded Disbursements

Date	Full Name	Address	Description	Amount
	N/A			\$
SCHEDULE F TOTAL				\$ N/A

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)

\$ 1,525.40

Funds Transferred from Prior Campaign

\$ 0

Deposits (Include interest)

\$ 0

Disbursements (Include bank charges)

\$ 1,525.40

Closing Balance, this Report

\$ 0

<u>Bank of America</u>	<u>9504721611</u>	<u>Graham + Strumolo for Council</u>
NAME OF BANK OR DEPOSITORY	ACCOUNT NUMBER	NAME OF ACCOUNT
<u>360 Essex Street</u>	<u>Hackensack NJ 07601</u>	
ADDRESS OF BANK OR DEPOSITORY		
<u>Ray Ferraroli</u>	<u>201 452-9000</u>	
NAME OF TREASURER	*TELEPHONE NUMBER (DAY)	
<u>155 Polity Road, Suite 107</u>	<u>Hackensack NJ 07601</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.

10-14-07
DATE

Christian Strumolo
PRINT FULL NAME (CANDIDATE)

[Signature]
SIGNATURE (CANDIDATE)

10-14-07
DATE

Ryan Graham
PRINT FULL NAME (CANDIDATE)

[Signature]
SIGNATURE (CANDIDATE)

DATE

PRINT FULL NAME (CANDIDATE)

SIGNATURE (CANDIDATE)

10-14-07
DATE

Ray Ferraroli
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.

10-14-07
DATE

Christian Strumolo
PRINT FULL NAME (CANDIDATE)

[Signature]
SIGNATURE (CANDIDATE)

10-14-07
DATE

Ryan Graham
PRINT FULL NAME (CANDIDATE)

[Signature]
SIGNATURE (CANDIDATE)

DATE

PRINT FULL NAME (CANDIDATE)

SIGNATURE (CANDIDATE)

10-14-07
DATE

Ray Ferraroli
PRINT FULL NAME (TREASURER)

[Signature]
SIGNATURE (TREASURER)