

FORM R-1	REPORT OF CONTRIBUTIONS AND EXPENDITURES		REPORT (CHECK ONE): <input checked="" 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 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) www.elec.nj.gov					
CANDIDATE OR COMMITTEE NAME Saldanha for Mayor			For State Use Only ELEC RECEIVED OCT 26 2018		
STREET ADDRESS 112 Prospect Avenue					
CITY North Arlington	STATE NJ	ZIP CODE 07031			
COUNTY Bergen	ELECTION DISTRICT OR MUNICIPALITY North Arlington				
POLITICAL PARTY, IF ANY		OFFICE SOUGHT Mayor			
ELECTION DATE 11-6-18		ELECTION TYPE (CHECK ONE) <input type="checkbox"/> PRIMARY <input type="checkbox"/> MAY MUNICIPAL <input type="checkbox"/> SCHOOL <input type="checkbox"/> SPECIAL <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> RUN-OFF <input type="checkbox"/> FIRE DISTRICT			
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			\$ 4,700.00	\$ 4,700.00	
2. MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]			\$ 3,850.00	\$ 3,850.00	
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)			\$ 8,550.00	\$ 8,550.00	
7. REFUND OF CONTRIBUTIONS [Adjustment Schedule] (-)			\$ 0	\$ 0	
8. TOTAL CONTRIBUTIONS			\$ 8,550.00	\$ 8,550.00	
9. ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)			\$ 0	\$ 0	
10. TOTAL RECEIPTS (ADD LINE 8 + LINE 9)			\$	\$	
TABLE II. EXPENDITURES					
1. DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]			\$ 6,374.22	\$ 6,374.22	
2. DISBURSEMENTS - OTHER [Schedule 2(D)]			\$ 0	\$ 0	
3. DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]			\$ 200.00	\$ 200.00	
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)			\$	\$	
8. REFUNDED DISBURSEMENTS [Schedule F] (-)			\$ 0	\$ 0	
9. TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)			\$	\$	

SCHEDULE A

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

CONTRIBUTOR NAME Maria C. Marieiro			EMPLOYER NAME	
CONTRIBUTOR ADDRESS 470 Forest Street, Unit 4			EMPLOYER ADDRESS	
Kearny, NJ 07032				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 500.00	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$ 650.00
OCCUPATION retired				
CONTRIBUTOR NAME Sicar Construction Inc.			EMPLOYER NAME	
CONTRIBUTOR ADDRESS 419 Forest Street			EMPLOYER ADDRESS	
Kearny, NJ 07032				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 2,000.00	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
CONTRIBUTOR NAME Karina Sarno			EMPLOYER NAME A-1 Truck Repair	
CONTRIBUTOR ADDRESS 68 Sunset Avenue			EMPLOYER ADDRESS 39 Rizzoloa Road - Upper Level	
North Arlington, NJ 07031			Kearny, NJ 07032	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 350.00	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$ 500.00
OCCUPATION trucking				
CONTRIBUTOR NAME Skyland Construction LLC			EMPLOYER NAME	
CONTRIBUTOR ADDRESS 52-54 Porete Avenue			EMPLOYER ADDRESS	
North Arlington, NJ 07031				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 1,000.00	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	\$ 3,850.00
(COMPLETE THIS LINE FOR LAST PAGE USED)			GRAND TOTAL	\$ 3,850.00

SCHEDULE B - N/A
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 \$ N/A	

SCHEDULE C - N/A
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"/>	
TOTAL AMOUNT OF LOANS RECEIVED THIS REPORT PERIOD		\$ N/A	

ADJUSTMENT SCHEDULE

- N/A

Refund of Contributions

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	REFUNDED AMOUNT
			\$
(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
10-3-18	1001	Michael's Riverside 528 Riverside Avenue Lyndhurst, NJ 07071	fundraiser event on 10/3	\$ 2,374.22	\$ N/A	\$ N/A
10-11-18	1002	Baselice Strategies LLC 300 Avalon Drive, Suite 3354 Wood-Ridge, NJ 07075	campaign literature and signage	4,000.00	N/A	N/A
(COMPLETE THIS LINE FOR EVERY PAGE USED)				\$ 6,374.22	\$ N/A	\$ N/A
(COMPLETE THIS LINE FOR LAST PAGE USED)				\$ 6,374.22	\$ N/A	\$ N/A
TOTAL, THIS PAGE						
GRAND TOTAL						

SCHEDULE 2(D) - DISBURSEMENTS - N/A
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)				\$ N/A	\$	\$
TOTAL, THIS PAGE						
GRAND TOTAL						

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

PAYMENT DATE	CHECK NO.	RECIPIENT CANDIDATE/COMMITTEE	ADDRESS	AMOUNT
10-19-18	1003	Vinnie Tunnero for Lyndhurst Board of Education	750 Third Avenue Lyndhurst, NJ 07071	\$ 200.00
(COMPLETE THIS LINE FOR EVERY PAGE USED)				\$ 200.00
<p>COMPLETE THE FOLLOWING LINES FOR LAST PAGE USED:</p> <p>SCHEDULE 3(D) GRAND TOTAL</p> <p>ADD THE "PRO - RATA AMOUNT OTHERS" COLUMN FROM SCHEDULES 1(D) AND 2(D)</p> <p>GRAND TOTAL OF CONTRIBUTIONS MADE TO AND ON BEHALF OF CANDIDATES/COMMITTEES</p>				
				1. \$ 200.00
				2. \$ 0
				3. \$ 200.00

SCHEDULE E - N/A
Outstanding Obligations

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

SCHEDULE F - N/A
Refunded Disbursements

Date(s)	Check #	Full Name	Address	Description	Amount
					\$
SCHEDULE F TOTAL					\$ N/A

SCHEDULE G - N/A
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.)

\$ 0

Funds Transferred from Prior Campaign

\$ 0

Deposits (Include interest)

\$ 8,550.00

Disbursements (Include bank charges)

\$ 6,574.22

Closing Balance, this Report

\$ 1,975.78

Valley National Bank

Saldanha for Mayor

NAME OF BANK OR DEPOSITORY

NAME OF ACCOUNT

171 River Road, Nutley, NJ 07110

ADDRESS OF BANK OR DEPOSITORY

Karina Sarno

201.726.4508

NAME OF TREASURER

*TELEPHONE NUMBER (DAY)

68 Sunset Avenue, North Arlington, NJ 07031

ADDRESS OF TREASURER

CERTIFICATION

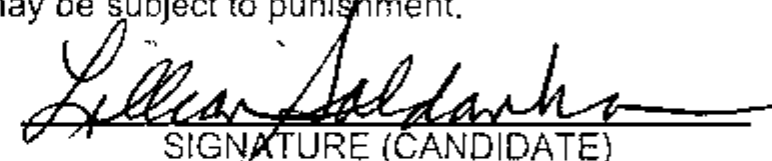
I certify that the statements on this document are true, and that the contribution amounts received conform with the limitations designated by law. I am aware that if any of the statements are willfully false, I may be subject to punishment.

10-23-18

DATE

Lillian R. Saldanha

PRINT FULL NAME (CANDIDATE)


SIGNATURE (CANDIDATE)

DATE

PRINT FULL NAME (CANDIDATE)

SIGNATURE (CANDIDATE)

DATE

PRINT FULL NAME (CANDIDATE)

SIGNATURE (CANDIDATE)

10-23-18

DATE

Karina Sarno

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)