

| | | | | | |
|---|---|---|------------------------------------|---|----------------------------------|
| FORM R-1 | | REPORT OF CONTRIBUTIONS AND EXPENDITURES | | REPORT FILED | |
| 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/ | | | | <input type="checkbox"/> 29-DAY PRE-ELECTION <input checked="" type="checkbox"/> 11-DAY PRE-ELECTION <input type="checkbox"/> 20-DAY POST-ELECTION <input type="checkbox"/> Apr 15, 2009 <input type="checkbox"/> July 15, 2009 <input type="checkbox"/> Oct 15, 2009 <input type="checkbox"/> Jan 15, 2010 | |
| CANDIDATE OR COMMITTEE NAME R A Merk | | | | Amendment Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| STREET ADDRESS 13 Carroll Drive | | | | For State Use Only | |
| CITY Brookside | STATE NJ | ZIP CODE 07926 | | REC MAY 2 2009 P 1 | |
| COUNTY Morris | ELECTION DISTRICT OR MUNICIPALITY State-Wide | | | | |
| POLITICAL PARTY, IF ANY Republican | OFFICE SOUGHT Governor | | | | |
| ELECTION DATE June 3, 2009 | ELECTION TYPE (CHECK ONE) | <input checked="" type="checkbox"/> PRIMARY | <input type="checkbox"/> MUNICIPAL | <input type="checkbox"/> GENERAL | <input type="checkbox"/> SPECIAL |
| | | <input type="checkbox"/> RUN-OFF | <input type="checkbox"/> SCHOOL | | |
| SUMMARY TABLES | | | | DO NOT ATTEMPT TO COMPLETE TABLES I & II UNTIL APPROPRIATE SCHEDULES HAVE BEEN COMPLETED | |

| TABLE I RECEIPTS | THIS REPORT | CUMULATIVE TO DATE |
|---|--------------|--------------------|
| 1 MONETARY CONTRIBUTIONS OF \$300 OR LESS | \$ 300 00 | \$ 1,800 00 |
| 2 MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS (Schedule A) | \$ 0 00 | \$ 0 00 |
| 3 IN-KIND CONTRIBUTIONS OF \$300 OR LESS | \$ 0 00 | \$ 0 00 |
| 4 IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B] | \$ 0 00 | \$ 0 00 |
| 5 LOANS RECEIVED IN EXCESS OF \$300 AND ALL CURRENCY LOANS (Schedule C) | \$ 10,000 00 | \$ 53,600 00 |
| 6 SUB TOTAL (ADD LINES 1 THRU 5) | \$ 10,300 00 | \$ 55,400 00 |
| 7 REFUND OF EXCESSIVE CONTRIBUTIONS [Adjustment Schedule] (-) | \$ | \$ 1,200 00 |
| 8 TOTAL CONTRIBUTIONS | \$ 10,300 00 | \$ 54,200 00 |
| 9 ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+) | \$ | \$ 0 00 |
| 10 TOTAL RECEIPTS (ADD LINE 8+LINE 9) | \$ 10,300 00 | \$ 54,200 00 |

| TABLE II EXPENDITURES | THIS REPORT | CUMULATIVE TO DATE |
|---|--------------|--------------------|
| 1 DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)] | \$ 12,000 00 | \$ 53,507 71 |
| 2 DISBURSEMENTS - OTHER [Schedule 2(D)] | \$ 0 00 | \$ 0 00 |
| 3 DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)] | \$ 0 00 | \$ 0 00 |
| 4 CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)] | \$ 0 00 | \$ 0 00 |
| 5 IN-KIND CONTRIBUTIONS OF \$300 OR LESS (TABLE I, LINE 3) | \$ 0 00 | \$ 0 00 |
| 6 IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B] | \$ 0 00 | \$ 0 00 |
| 7 SUB TOTAL (ADD LINES 1 THRU 6) | \$ 12,000 00 | \$ 53,507 71 |
| 8 REFUNDED DISBURSEMENTS [Schedule F] (-) | \$ 0 00 | \$ 0 00 |
| 9 TOTAL EXPENDITURES (LINE 7 MINUS LINE 8) | \$ 12,000 00 | \$ 53,507 71 |

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

| | | | | |
|--|--|------------------|----------------------------|---------------------------------------|
| CONTRIBUTOR NAME | | | EMPLOYER NAME | |
| CONTRIBUTOR ADDRESS | | | EMPLOYER ADDRESS | |
| | | | | |
| <input type="checkbox"/> | CHECK IF CURRENCY <input type="checkbox"/> | AGGREGATE AMOUNT | DATE(S) RECEIVED | AMOUNTS(S) RECEIVED THIS PERIOD \$ |
| OCCUPATION | | | | |
| CONTRIBUTOR NAME | | | EMPLOYER NAME | |
| CONTRIBUTOR ADDRESS | | | EMPLOYER ADDRESS | |
| | | | | |
| <input type="checkbox"/> | CHECK IF CURRENCY <input type="checkbox"/> | AGGREGATE AMOUNT | DATE(S) RECEIVED | AMOUNTS(S) RECEIVED THIS PERIOD \$ |
| OCCUPATION | | | | |
| CONTRIBUTOR NAME | | | EMPLOYER NAME | |
| CONTRIBUTOR ADDRESS | | | EMPLOYER ADDRESS | |
| | | | | |
| <input type="checkbox"/> | CHECK IF CURRENCY <input type="checkbox"/> | AGGREGATE AMOUNT | DATE(S) RECEIVED | AMOUNTS(S) RECEIVED THIS PERIOD \$ |
| OCCUPATION | | | | |
| CONTRIBUTOR NAME | | | EMPLOYER NAME | |
| CONTRIBUTOR ADDRESS | | | EMPLOYER ADDRESS | |
| | | | | |
| <input type="checkbox"/> | CHECK IF CURRENCY <input type="checkbox"/> | AGGREGATE AMOUNT | DATE(S) RECEIVED | AMOUNTS(S) RECEIVED THIS PERIOD \$ |
| OCCUPATION | | | | |
| CONTRIBUTOR NAME | | | EMPLOYER NAME | |
| CONTRIBUTOR ADDRESS | | | EMPLOYER ADDRESS | |
| | | | | |
| <input type="checkbox"/> | CHECK IF CURRENCY <input type="checkbox"/> | AGGREGATE AMOUNT | DATE(S) RECEIVED | AMOUNTS(S) RECEIVED THIS PERIOD \$ |
| OCCUPATION Retred | | | | |
| CONTRIBUTOR NAME | | | EMPLOYER NAME | |
| CONTRIBUTOR ADDRESS | | | EMPLOYER ADDRESS | |
| | | | | |
| <input type="checkbox"/> | CHECK IF CURRENCY <input type="checkbox"/> | AGGREGATE AMOUNT | DATE(S) RECEIVED | AMOUNTS(S) RECEIVED THIS PERIOD \$ |
| OCCUPATION | | | | |
| (COMPLETE THIS FOR EVERY PAGE USED) | | | TOTAL, THIS PAGE \$ | 0 00 |
| (COMPLETE THIS LINE FOR LAST PAGE USED) | | | GRAND TOTAL \$ | 0 00 |

**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 | | | |
| Contributor Name | | Employer Name | |
| Contributor Address | | Employer Address | |
| | | | |
| | Aggregate Amount \$ | Date(s) Received | Amount(s) Received this period \$ |
| Occupation | | | |
| Description of In-Kind Contribution | | | |
| Contributor Name | | Employer Name | |
| Contributor Address | | Employer Address | |
| | | | |
| | Aggregate Amount \$ | Date(s) Received | Amount(s) Received this period \$ |
| Occupation | | | |
| Description of In-Kind Contribution | | | |
| Contributor Name | | Employer Name | |
| Contributor Address | | Employer Address | |
| | | | |
| | Aggregate Amount \$ | Date(s) Received | Amount(s) Received this period \$ |
| Occupation | | | |
| Description of In-Kind Contribution | | | |
| Contributor Name | | Employer Name | |
| Contributor Address | | Employer Address | |
| | | | |
| | Aggregate Amount \$ | Date(s) Received | Amount(s) Received this period \$ |
| Occupation | | | |
| Description of In-Kind Contribution | | | |
| (COMPLETE THIS FOR EVERY PAGE USED) | | TOTAL, THIS PAGE \$ | <u> 0 00</u> |
| (COMPLETE THIS LINE FOR LAST PAGE USED) | | GRAND TOTAL \$ | <u> 0 00</u> |

SCHEDULE C
LOANS Received in Excess of \$300 and All Currency Loans

| | | | |
|---|---------------------------------|---|----------|
| LENDER NAME R A Merkt | | EMPLOYER NAME | |
| LENDER ADDRESS P O Box 444 Brookside, NJ 07926 | | EMPLOYER ADDRESS | |
| OCCUPATION Candidate | | | |
| CO-SIGNERS NAME | | EMPLOYER NAME | |
| CO-SIGNERS ADDRESS | | EMPLOYER ADDRESS | |
| | | | |
| OCCUPATION | | AMOUNT(S) RECEIVED THIS PERIOD \$10,000 00 | |
| DATE(S) RECEIVED 12/08/08- \$10,000, 03/04/09-\$10000, 5/11/09-\$10,000 | AGGREGATE AMOUNT \$43,400 00 | CHECK IF <input type="checkbox"/> | CURRENCY |
| LENDER NAME | | EMPLOYER NAME | |
| LENDER ADDRESS | | EMPLOYER ADDRESS | |
| | | | |
| OCCUPATION | | | |
| CO-SIGNERS NAME | | EMPLOYER NAME | |
| CO-SIGNERS ADDRESS | | EMPLOYER ADDRESS | |
| | | | |
| OCCUPATION | | AMOUNT(S) RECEIVED THIS PERIOD | |
| DATE(S) RECEIVED | AGGREGATE AMOUNT | CHECK IF <input type="checkbox"/> | CURRENCY |
| TOTAL AMOUNT OF LOANS RECEIVED THIS REPORT PERIOD | | \$10,000 00 | |

ADJUSTMENT SCHEDULE
Refund of Excessive Contributions

| PAYMENT DATE | CHECK NO | PAYEE NAME AND ADDRESS | REFUNDED AMOUNT |
|---|----------|----------------------------|-----------------|
| | | | \$ - |
| (COMPLETE THIS FOR EVERY PAGE USED) | | TOTAL, THIS PAGE \$ | 0 00 |
| (COMPLETE THIS LINE FOR EVERY PAGE USED) | | GRAND TOTAL \$ | 0 00 |

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 |
|-------------------------|----------|---|---------------------|--------------|---------------------------------------|------------------------|
| 05/1/08 | 1009 | The Venis Group 18 Updike Ave , Hillsborough, NJ 08844 | Campaign Consultant | 12,000 00 | 0 00 | 0 00 |
| TOTAL, THIS PAGE | | | | \$ 12,000 00 | \$ 0 00 | \$ 0 00 |
| GRAND TOTAL | | | | \$ 12,000 00 | \$ 0 00 | \$ 0 00 |

SCHEDULE 3(D) - DISBURSEMENTS

Contributions made to other Candidates/Committees

| PAYMENT DATE | CHECK NO | RECIPIENT CANDIDATE/COMMITTEE | ADDRESS | AMOUNT |
|---|----------|-------------------------------|---------|-------------------------|
| | | | | |
| (COMPLETE THIS FOR EVERY PAGE USED) | | | | TOTAL THIS PAGE \$ 0.00 |
| 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 \$ 0.00 |
| GRAND TOTAL OF CONTRIBUTIONS MADE TO AND ON BEHALF OF CANDIDATES/COMMITTEES | | | | (+*) 2 \$ 0.00 |
| | | | | 3 \$ 0.00 |

SCHEDULE E

Outstanding Obligations

| Date Incurred | Creditor's Name | Address | Description | Amount |
|---------------|-----------------|--|--|--------------------|
| 08/04/08 | R A Merkt | P O Box 444, Brookside, NJ 07926 | Loan | 3,400 00 |
| 09/05/08 | S W Merkt | P O Box 444, Brookside, NJ 07926 | Loan | 3,000 00 |
| 09/06/08 | V B Warnock | 27 Hampshire Dr. Mendham, NJ 07946 | Loan | 3,000 00 |
| 09/07/08 | N E. Merkt | 406 Walden Pl. Pompton PI ,NJ 07444 | Loan | 3,000 00 |
| 11/10/08 | R A. Merkt | P.O Box 444, Brookside, NJ 07926 | Loan | 10,000 00 |
| 12/15/08 | R.A. Merkt | P O Box 444, Brookside, NJ 07926 | Loan | 10,000 00 |
| 03/04/09 | R.A. Merkt | P O Box 444, Brookside, NJ 07926 | Loan | 10,000 00 |
| 05/11/09 | R.A. Merkt | P O Box 444, Brookside, NJ 07926 | Loan | 10,000 00 |
| 05/02/09 | The Venis Group | 18 Updike Ave , Hillsborough, NJ 08844 | Campaign Exp-Jan | 390.93 |
| 05/02/09 | The Venis Group | 18 Updike Ave., Hillsborough, NJ 08844 | Campaign Exp-Feb | 1,610.91 |
| 05/02/09 | The Venis Group | 18 Updike Ave , Hillsborough, NJ 08844 | Campaign Exp-Mar | 1,298 43 |
| | | | TOTAL OUTSTANDING OBLIGATIONS | \$55,700.27 |

SCHEDULE F

Refunded Disbursements

| Date | Full Name | Address | Description | Amount |
|------|-----------|---------|-------------------------|---------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | SCHEDULE F TOTAL | \$0.00 |

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) \$ 2,392 29

Funds Transferred from Prior Campaign 0 00

Deposits (include interest) 10,300 00

Disbursements (include bank charges) 12,000 00

Closing Balance, this Report \$ 692 29

PNC Bank 80-3738-2061 Merkt For Governor
 NAME OF BANK OR DEPOSITORY ACCOUNT NUMBER NAME OF ACCOUNT

1240 Stelton Road, Piscataway NJ 08854
 ADDRESS OF BANK OR DEPOSITORY

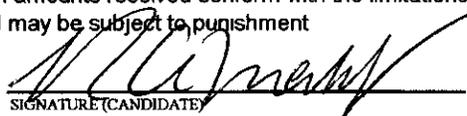
D A Smelko 732-985-0459
 NAME OF TREASURER TELEPHONE NUMBER (DAY)

18 Thames Ave , Piscataway, NJ 08854
 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 wilfully false, I may be subject to punishment

05/21/09 **R. A. Merkt**
 DATE PRINT FULL NAME (CANDIDATE)


 SIGNATURE (CANDIDATE)

 DATE PRINT FULL NAME (CANDIDATE)

 SIGNATURE (CANDIDATE)

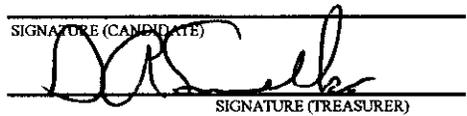
 DATE PRINT FULL NAME (CANDIDATE)

 SIGNATURE (CANDIDATE)

 DATE PRINT FULL NAME (CANDIDATE)

 SIGNATURE (CANDIDATE)

05/21/09 **D. A. Smelko**
 DATE PRINT FULL NAME (TREASURER)


 SIGNATURE (TREASURER)

Treasurers for Governatorial 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# **C0074**

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 OF (TREASURER)