

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 type="checkbox"/> 11-DAY PRE-ELECTION <input checked="" type="checkbox"/> 20-DAY POST-ELECTION <input type="checkbox"/> Apr 15, 2008 <input type="checkbox"/> July 15, 2008 <input type="checkbox"/> Oct 15, 2008 <input type="checkbox"/> Jan 15, 2009 2008 JUN 18 P 12 . 2 NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION	
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		
COUNTY Morris		ELECTION DISTRICT OR MUNICIPALITY State-Wide			
POLITICAL PARTY, IF ANY Republican		OFFICE SOUGHT Governor			
ELECTION DATE June 2, 2009		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 & II UNTIL APPROPRIATE SCHEDULES HAVE BEEN COMPLETED					

TABLE I RECEIPTS		THIS REPORT	CUMULATIVE TO DATE
1 MONETARY CONTRIBUTIONS OF \$300 OR LESS		\$ 100 00	\$ 1,900 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 LAOANS (Schedule C)		\$ 0 00	\$ 53,600 00
6 SUB TOTAL (ADD LINES 1 THRU 5)		\$ 100 00	\$ 55,500 00
7 REFUND OF EXCESSIVE CONTRIBUTIONS [Adjustment Schedule] (-)		\$ 0 00	\$ (1,200 00)
8 TOTAL CONTRIBUTIONS		\$ 100 00	\$ 54,300 00
9 ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)		\$	\$ 0 00
10 TOTAL RECEIPTS (ADD LINE 8+LINE 9)		\$ 100 00	\$ 54,300 00
TABLE II EXPENDITURES			
1 DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule I(D)]		\$ 0 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)		\$ 0 00	\$ 53,507 71
8 REFUNDED DISBURSEMENTS [Schedule F] (-)		\$ 0 00	\$ 0 00
9 TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)		\$ 0 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	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	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	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	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	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	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 \$	0 00
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL \$	0.00

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

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 CURRENCY <input type="checkbox"/>	
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 CURRENCY <input type="checkbox"/>	
TOTAL AMOUNT OF LOANS RECEIVED THIS REPORT PERIOD			\$0.00

ADJUSTMENT SCHEDULE
Refund of Excessive Contributions

PAYMENT DATE	CHECK NO	PAYEE NAME AND ADDRESS	REFUNDED AMOUNT
		N/A	\$ 0.00
(COMPLETE THIS FOR EVERY PAGE USED)		TOTAL, THIS P \$	0.00
(COMPLETE THIS LINE FOR EVERY PAGE USED)		GRAND TOTA \$	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
			-			
TOTAL, THIS PAGE				\$ 0.00	\$ 0.00	\$ 0.00
GRAND TOTAL				\$ 0.00	\$ 0.00	\$ 0.00

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
(COMPLETE THIS FOR EVERY PAGE USED)				\$ 0.00 \$	0.00 \$	0.00 \$
(COMPLETE THIS LINE FOR LAST PAGE USED)				\$ 0.00 \$	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				1 \$ 0.00
ADD THE "PRO-RATA AMOUNT OTHERS" COLUMN FROM SCHEDULES 1(D) AND 2(D)				(+*) 2 \$ 0.00
GRAND TOTAL OF CONTRIBUTIONS MADE TO AND ON BEHALF OF CANDIDATES/COMMITTEES				3 \$ 0.00

SCHEDULE G
Recipients of In-Kind Contributions

NAME OF RECIPIENT CANDIDATE/COMMITTEE		
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	DATE OF PAYMENT	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMMITTEE		
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	DATE OF PAYMENT	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMMITTEE		
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	DATE OF PAYMENT	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMMITTEE		
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	DATE OF PAYMENT	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMMITTEE		
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	DATE OF PAYMENT	AMOUNT \$ 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) \$ 692 29

Funds Transferred from Prior Campaign _____

Deposits (Include interest) 100 00

Disbursements (Include bank charges) 0 00

Closing Balance, this Report. \$ 792 29

PNC Bank 81-3181-2152 Rick Merkt For Assembly
 NAME OF BANK OR DEPOSITORY ACCOUNT NUMBER NAME OF ACCOUNT

630 Georges Road, North Brunswick, NJ 08902
 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 willfully false, I may be subject to punishment.

06/18/09 R. A. Merkt
 DATE PRINT FULL NAME (CANDIDATE)


 SIGNATURE (CANDIDATE)

 DATE PRINT FULL NAME (CANDIDATE)

 SIGNATURE (CANDIDATE)

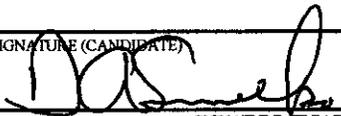
 DATE PRINT FULL NAME (CANDIDATE)

 SIGNATURE (CANDIDATE)

 DATE PRINT FULL NAME (CANDIDATE)

 SIGNATURE (CANDIDATE)

06/18/09 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)