FORM R-1	REPORT	OF CONTR		ONS AND		REPORT (CHECK ONE): 29 - DAY PRE-ELECTION 11 - DAY PRE-ELECTION			
NEW JERS	SEY ELECTION LAV			OMMISSION					
(609) 2	P.O. Box 185, Tre 92-8700 or Toll Free V			C (3532)	1	20 - DAY PC	ST-ELECTION		
(000) 2		ec.state.nj.us				X July 15,			
CANDIDATE OR COMMITTEE NAME Wang for Council					Oct. 15, Jan. 15,				
STREET ADDRES	S					<u> </u>			
41 Montgomer	y St	Tanin	TID 005			Amendment Yes			
CITY Princeton Ju	nction	STATE NJ	ZIP COI 0855			For Sta	te Use Only C RECEIVED		
COUNTY		ELECTION DI		OR MUNICIPALITY	<i>′</i>	Ju	L 2 0 2018		
Mercer	' IF ANY	OFFICE SOU			┥	•	0 2010		
POLITICAL PARTY, IF ANY OFFICE SOUGHT N/A Council			- 1						
				MAY MUNIC	IPAL	SCHOOL			
SUMMARY TAB				BLES I AND II UNT EN COMPLETED	īL				
TABLE I. RECEIPTS						THIS REPORT	CUMULATIVE TO DATE		
1. MONETARY CONTRIBUTIONS / LOANS OF \$300 OR LESS				\$	465	\$ 1,575			
2. MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY					\$	1,480	\$ 3,120		
CONTRIBUTIONS [Schedule A] 3. IN-KIND CONTRIBUTIONS OF \$300 OR LESS				\$	0	s ₀			
4. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]				\$	0	\$ 0			
5. LOANS RECEIVED IN EXCESS OF \$300 AND ALL CURRENCY LOANS				\$	0	\$ ⁰			
[Schedule C] 6. SUB TOTAL			(ADD i	LINES 1 THRU 5)	\$	1,945	\$ 4,695		
7. REFUND OF C	ONTRIBUTIONS [Adju	ustment Schedul	le]	(-)	\$	0	\$ O		
8. TOTAL CONTRIBUTIONS			\$	0	\$ O				
9. ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+				\$	0	\$ 1 47.49			
10. TOTAL RECEIPTS (ADD LINE 8 + LINE 9			LINE 8 + LINE 9)	\$	1,945	\$ 4842.49			
TABLE II. EXPE	NDITURES	· -				•			
1. DISBURSEME	NTS - CAMPAIGN EX	PENSES (Sche	dule 1(D)		\$	1,063.28	\$ 1,630.65		
2. DISBURSEME	NTS - OTHER [Sched	lule 2(D)]			\$	0	s ⁷⁰		
• • • • • • • • • • • • • • • • • • • •	NTS - CONTRIBUTIO COMMITTEES (Sche		OTHER		s	0	\$ ₀		
CANDIDATES/COMMITTÉES [Schedule 3(D)] 4. CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)]				•	Ş	0	S 0		
5. IN-KIND CONT	TRIBUTIONS OF \$300	OR LESS (TAE	BLE I, LIN	E 3)	\$	0	\$ O		
6. IN-KIND CON	TRIBUTIONS IN EXCE	ESS OF \$300 (T	ABLE I, L	INE 4)	\$	0	\$ O		
7. SUB TOTAL			(ADD	LINES 1 THRU 6)	\$	1,063.28	\$ 1,700.65		
8. REFUNDED D	ISBURSEMENTS (Sc	hedule F]		(-)	\$	0	\$ O		
9. TOTAL EXPE	NDITURES		(LINE	7 MINUS LINE 8)	\$	1,063.28	1,700.65		

CONTRIBUTOR NAME	EMPLOYER NAME	
Aeno Kastner		
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	•
77 7th Ave. 2n		
New York, New York, 10011		- 111
CHECK IF AGGREGATE AMOUNT CURRENCY \$ 10	DATE(S) RECEIVED	AMOUNT(\$) RECEIVED THIS PERIOD \$
OCCUPATION retired	5/17/201	8 10
CONTRIBUTOR NAME	EMPLOYER NAME	
Steve Armus		
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
69 Lillie st.		
Princeton Jct, 08550		
CHECK IF AGGREGATE AMOUNT CURRENCY \$ 20	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION Homemaker	05/22/2018	20
CONTRIBUTOR NAME	EMPLOYER NAME	<u> </u>
Zhao Jiang Guo		
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
996 Alexander Rd #122		
Princeton Junction 108550		
CHECK IF AGGREGATE AMOUNT CURRENCY \$ 30	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION retired	05/24/2018	30
CONTRIBUTOR NAME	EMPLOYER NAME	
Victor Tarassov		
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
64 Lillie st.		
Princeton Jct M08550		
CHECK IF AGGREGATE AMOUNT CURRENCY (\$ 10	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION _{Retired}	05/24/2018	Ī
CONTRIBUTOR NAME Maryann Manna	EMPLOYER NAME	· · · · · · · · · · · · · · · · · · ·
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
65 Lillie st		
West Windsor, NJ,08550	- 174	
CHECK IF AGGREGATE AMOUNT CURRENCY \$ 20	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION retired	05/24/2018	20
(COMPLETE THIS LINE FOR EVERY PAGE USED) TO	TAL, THIS PAGE	• ^^
10	IDE, IIIO FAGE	\$ 90
(COMPLETE THIS LINE FOR LAST PAGE USED) GR.	AND TOTAL	\$
Mary Lawrence Florida La R. C.	**************************************	

CONTRIBUTOR NAME	EMPLOYER NAME	**
Linda Gordon		
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
55 Lillie St, Princeton Jct, NJ, 08550		
CHECK IF AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
CURRENCY S 20	05/05/0010	\$ 20
OCCUPATION retired	05/25/2018	20
CONTRIBUTOR NAME	EMPLOYER NAME	
Ann-Heng Jen,	U.S. Environ	mental Protection Agency
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
388 N Post Rd,	2890 Woodbri	dge, Edison, NJ, 08837
Princeton Junction, NJ, 08550		
CHECK IF AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
CURRENCY 🗐 \$ 20		\$
OCCUPATION Industrial Hygienist	5/28/2018	20
CONTRIBUTOR NAME	EMPLOYER NAME	
Plumbers & Pipefitters Local Union #9	1	ters Local Union No. 9
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	cers nocar onion No. 3
	[+ B+0 33
2 Iron Ore Rd at Rte 33 Englishtown, NJ, 07726	2 Iron Ore Rd a Englishtown, NJ	
Lightshown, No. 07726	Englishcown, No	, 07726
CHECK IF AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
CURRENCY 5 1000	D/// = (0) / (= 02.725	\$
OCCUPATION Union	05/22/2018	1000
CONTRIBUTOR NAME	EMPLOYER NAME	1
G. Madhavan	G. Madhavan	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
98 Princeton Highstown Rd		rinceton Highstown Rd
Princeton Junction, NJ, 08550	Princeton Ju	nction, NJ, 08550
CHECK IF AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
CURRENCY 20 \$ 20		1\$
OCCUPATION Information Tech Consultant	05/25/2018	20
CONTRIBUTOR NAME	EMPLOYER NAME	20
John Murphy	EMPLOYER NAME	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
	EWIFEOTER ADDRESS	
11 Springwood Dr		
Princeton Junction, NJ, 08550		
CHECK IF AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
CURRENCY & \$40	Ditte(o) theoelives	S
OCCUPATION retired	5/15/2018	40
	, , ==	<u></u>
(COMPLETE THIS LINE FOR EVERY PAGE USED) TO	TAL, THIS PAGE	\$ 1,100
(COMPLETE THE LINE FOR LACT DAGE VOCE)	AND TOTAL	•
(COMPLETE THIS LINE FOR LAST PAGE USED) GR	AND TOTAL	\$

CONTRIBUTOR NAME	EMPLOYER NAME	
Alfred D'Alessio		
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
40 Benford Dr].	
Princeton Junciton, NJ, 08550		
CHECK IF AGGREGATE AMOUNT CURRENCY & \$10	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION retired	5/30/201	8 10
CONTRIBUTOR NAME David Ritchie	EMPLOYER NAME	***************************************
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	to the state of th
15 Scott Ave	EMI COTEN ADDITION	
Princeton Junction, NJ, 08550		
CHECK IF AGGREGATE AMOUNT CURRENCY \$ 40	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION retired	05/30/2018	40
CONTRIBUTOR NAME	EMPLOYER NAME	
Martha Matthews		•
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
9 Benford Dr		
Princeton Junction, NJ, 08550		
CHECK IF AGGREGATE AMOUNT CURRENCY \$ 10	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION retired	05/29/2018	10
CONTRIBUTOR NAME Fabian Niciela	EMPLOYER NAME Fabian Nic	iela
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
10 Monterey Dr	10 Montere	y Dr
Princeton Junction, NJ,08550		Junction, NJ, 08550
CHECK IF AGGREGATE AMOUNT CURRENCY \$ 50	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION Writer	05/31/2018	50
CONTRIBUTOR NAME Ray Cragle	EMPLOYER NAME	<u> </u>
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
37 Wallace Rd		
West Windsor, NJ,08550		
CHECK IF AGGREGATE AMOUNT CURRENCY \$ 10	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION retired	06/01/2018	10
(COMPLETE THIS LINE FOR EVERY PAGE USED) TO	TAL, THIS PAGE	\$ 120
(COMPLETE THIS LINE FOR LAST PAGE USED) GR	AND TOTAL	\$
Malara Jarray Cladica Lou Falumont Commission	****	·····

Ted Jung	EMPLOYER NAME	
CONTRIBUTOR ADDRESS 8 Candlewood Dr. West Windsor, NJ, 08550	EMPLOYER ADDRESS	
CHECKIF AGGREGATE AMOUNT CURRENCY S 10 OCCUPATION retired	DATE(S) RECEIVED 06/12/2018	AMOUNT(S) RECEIVED THIS PERIOD \$ 10
CONTRIBUTOR NAME Jaime Palecek,	EMPLOYER NAME Mercer Count	Y
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	- mmE-Vi-
1151 Old Trenton Rd,		th Broad Street,
West Windsor, NJ, 08550	Trenton, NJ,	08650
CHECK IF AGGREGATE AMOUNT CURRENCY S 5	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION Maintenance worker	6/14/2018	5
CONTRIBUTOR NAME	EMPLOYER NAME	, ,
Ellen Vogt		
CONTRIBUTOR ADDRESS 10 Candlewood Dr	EMPLOYER ADDRESS	
West Windsor, NJ, 08550		1,0
CHECK IF AGGREGATE AMOUNT CURRENCY \$ 20	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION Homemaker	06/14/2018	20
CONTRIBUTOR NAME Robin Wang	EMPLOYER NAME	
CONTRIBUTOR ADDRESS 23 Park Hill Terr	EMPLOYER ADDRESS	
Princeton Junction, NJ, 08550		
CHECK IF AGGREGATE AMOUNT CURRENCY \$ 10	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION retired	06/15/2018	10
CONTRIBUTOR NAME Nikoletta Lendvai Memo	EMPLOYER NAME rial Sloan Ketter	ring Cancer Center
CONTRIBUTOR ADDRESS 13 Park Hill Terrace	EMPLOYER ADDRESS 1275 York Ave,	New York, New York, 10065
Princeton Junction, NJ, 08550		# *
CHECK IF AGGREGATE AMOUNT CURRENCY \$ 40	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION Physician	6/15/2018	40
(COMPLETE THIS LINE FOR EVERY PAGE USED) TO	TAL, THIS PAGE	\$ 85
(COMPLETE THIS LINE FOR LAST PAGE USED) GR	AND TOTAL	<u>\$</u>
	·	

CONTRIBUTOR NAME	EMPLOYER NAME
Helen Maresca	N.J. Department of Health
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS
2 Manor Ridge Dr	120 S. Stockton St
West Windsor, NJ, 08550	Trenton, NJ, 08611
CHECK IF AGGREGATE AMOUNT CURRENCY \$20	DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION Dietition	6/17/2018 20
CONTRIBUTOR NAME	EMPLOYER NAME
Xueyan Ge	Saint Peter Hospital
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS
3 Manor Ridge Dr.	146 Matler In
West Windsor, NJ, 08550	Piscataway, NJ,08854
CHECK IF AGGREGATE AMOUNT CURRENCY & 5	DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION Analyst	06/17/2018 5
CONTRIBUTOR NAME	EMPLOYER NAME
Pei Wang	Educational Testing Service
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS
8 Buchak Circle	
West Windsor, NJ, 08550	
CHECK IF AGGREGATE AMOUNT CURRENCY \$ 20	DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERIOD
OCCUPATION Information technology	
CONTRIBUTOR NAME Kathy Bauer-Koggan	EMPLOYER NAME Personal Paperwork Solutions
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS
6 Wellesley Ct	PO box 762, East Windsor, NJ, 08520
West Windsor, NJ,08550	
CHECK IF AGGREGATE AMOUNT CURRENCY \$ 10	DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATIONFinancial Administrator	06/21/2018 10
CONTRIBUTOR NAME Kris Kokzeniowski	EMPLOYER NAME U. S. Rowing
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS
5 Cambridge Way	2 Wall Street, Princeton, NJ, 08540
West Windsor, NJ,08550	
CHECK IF AGGREGATE AMOUNT CURRENCY \$ 10	\$
OCCUPATION Director of Coaching Educati	on 06/25/2018 10
(COMPLETE THIS LINE FOR EVERY PAGE USED) TO	TAL, THIS PAGE \$ 65
(COMPLETE THIS LINE FOR LAST PAGE USED) GF	RAND TOTAL \$
	· · · · · · · · · · · · · · · · · · ·

CURRENCY S 20	CONTRIBUTOR NAME Lewis Hutchinson	EMPLOYER NAME
CURRENCY □ \$ 20		EMPLOYER ADDRESS
CONTRIBUTOR ADDRESS EMPLOYER ADDRESS CHECK F CURRENCY S	CURRENCY S 20	ls '
CHECK IF CURRENCY AGGREGATE AMOUNT DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERISON STREET AMOUNT DATE(S) RECEIVED THIS PERISON STREET AMOUNT DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERISON STREET AMOUNT DATE(S) RECEIVED THIS PERISON STRE	CONTRIBUTOR NAME	EMPLOYER NAME
CONTRIBUTOR NAME CONTRIBUTOR ADDRESS EMPLOYER ADDRESS EMPLOYER ADDRESS CHECK IF CURRENCY AGGREGATE AMOUNT DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERI STANDARD CONTRIBUTOR NAME CONTRIBUTOR ADDRESS EMPLOYER NAME CONTRIBUTOR ADDRESS EMPLOYER ADDRESS EMPLOYER ADDRESS CHECK IF CURRENCY AGGREGATE AMOUNT DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERI STANDARD CONTRIBUTOR NAME CONTRIBUTOR NAME CONTRIBUTOR NAME CONTRIBUTOR NAME CONTRIBUTOR ADDRESS EMPLOYER ADDRESS CHECK IF AGGREGATE AMOUNT DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERI STANDARD CONTRIBUTOR ADDRESS CHECK IF AGGREGATE AMOUNT DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERI STANDARD CHECK IF AGGREGATE AMOUNT DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERI STANDARD CHECK IF AGGREGATE AMOUNT DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERI STANDARD CHECK IF AGGREGATE AMOUNT DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERI STANDARD CHECK IF AGGREGATE AMOUNT DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERI STANDARD CHECK IF AGGREGATE AMOUNT DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERI STANDARD CHECK IF AGGREGATE AMOUNT DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERI STANDARD CHECK IF AGGREGATE AMOUNT DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERI STANDARD CHECK IF AGGREGATE AMOUNT DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERI STANDARD CHECK IF AGGREGATE AMOUNT DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERI STANDARD CHECK IF AGGREGATE AMOUNT DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERI STANDARD CHECK IF AGGREGATE AMOUNT DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERI STANDARD CHECK IF AGGREGATE AMOUNT DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERI STANDARD CHECK IF AGGREGATE AMOUNT DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERI STANDARD CHECK IF AGGREGATE AMOUNT DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERI STANDARD CHECK IF AGGREGATE AMOUNT DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERI STANDARD CHECK IF AGGREGATE AMOUNT DATE(S) RECEIVED CHECK IF AGGREGATE AMOUNT DATE(S) RECEIVED C	CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS
CONTRIBUTOR NAME CONTRIBUTOR ADDRESS CHECK IF CURRENCY AGGREGATE AMOUNT DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERI \$ CCCUPATION CONTRIBUTOR NAME EMPLOYER NAME EMPLOYER NAME CONTRIBUTOR ADDRESS EMPLOYER ADDRESS EMPLOYER ADDRESS AGGREGATE AMOUNT DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERI \$ CCCUPATION CONTRIBUTOR NAME EMPLOYER NAME CONTRIBUTOR NAME EMPLOYER NAME CONTRIBUTOR NAME EMPLOYER NAME CONTRIBUTOR NAME CONTRIBUTOR ADDRESS EMPLOYER NAME CONTRIBUTOR ADDRESS CHECK IF AGGREGATE AMOUNT DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERI	CURRENCY L S	1 ''
CHECK IF CURRENCY AGGREGATE AMOUNT DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERI SECURITION CONTRIBUTOR NAME EMPLOYER NAME CONTRIBUTOR ADDRESS EMPLOYER ADDRESS AGGREGATE AMOUNT DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERI SECURED THIS PERI SECURED NAME CONTRIBUTOR NAME EMPLOYER NAME CONTRIBUTOR NAME EMPLOYER NAME CONTRIBUTOR ADDRESS EMPLOYER ADDRESS CHECK IF AGGREGATE AMOUNT DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERI SECURED		EMPLOYER NAME
CONTRIBUTOR NAME CONTRIBUTOR ADDRESS EMPLOYER ADDRESS EMPLOYER ADDRESS CHECK IF CURRENCY AGGREGATE AMOUNT DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERI \$ CONTRIBUTOR NAME CONTRIBUTOR NAME EMPLOYER NAME CONTRIBUTOR ADDRESS EMPLOYER ADDRESS CHECK IF AGGREGATE AMOUNT DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERI	CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS
CONTRIBUTOR ADDRESS EMPLOYER ADDRESS CHECK IF	CURRENCY 4	1
CHECK IF CURRENCY S AGGREGATE AMOUNT DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERI \$ CONTRIBUTOR NAME EMPLOYER NAME CONTRIBUTOR ADDRESS EMPLOYER ADDRESS CHECK IF AGGREGATE AMOUNT DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERI	CONTRIBUTOR NAME	EMPLOYER NAME
CONTRIBUTOR NAME CONTRIBUTOR ADDRESS EMPLOYER ADDRESS CHECK IF AGGREGATE AMOUNT DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERI	CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS
CONTRIBUTOR ADDRESS EMPLOYER ADDRESS CHECK IF AGGREGATE AMOUNT DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERI	CURRENCY U \$	1
CHECK IF AGGREGATE AMOUNT DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERI	CONTRIBUTOR NAME	EMPLOYER NAME
lauppeugy	CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS
OCCUPATION	CURRENCY U \$	DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERIO
(COMPLETE THIS LINE FOR EVERY PAGE USED) TOTAL, THIS PAGE \$ 20	(COMPLETE THIS LINE FOR EVERY PAGE USED) TO	TAL, THIS PAGE \$ 20
(COMPLETE THIS LINE FOR LAST PAGE USED) GRAND TOTAL \$	(COMPLETE THIS LINE FOR LAST PAGE USED) GR	RAND TOTAL \$

SCHEDULE B

In-Kind Contributions in Excess of \$300

CONTRIBUTOR NAME		EMPLOYER NAME	·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·			
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS				
OCCUPATION	AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$			
DESCRIPTION OF IN-KIND CONT	RIBUTION(S)					
CONTRIBUTOR NAME		EMPLOYER NAME				
CONTRIBUTOR ADDRESS		EMPLOYER ADDRES	S			
	AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD			
OCCUPATION						
DESCRIPTION OF IN-KIND CONT	RIBUTION(S)					
CONTRIBUTOR NAME	*****	EMPLOYER NAME	- "			
CONTRIBUTOR ADDRESS		EMPLOYER ADDRES	S			
	AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD			
OCCUPATION			Φ			
DESCRIPTION OF IN-KIND CONT	RIBUTION(S)		<u></u>			
CONTRIBUTOR NAME	·	EMPLOYER NAME	···			
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	5			
	TACODECATE AMOUNT					
OCCUPATION	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$			
DESCRIPTION OF IN-KIND CONTI	RIBUTION(S)		<u> </u>			
(COMPLETE THIS LINE FOR EVE	RY PAGE USED) TO	TAL, THIS PAGE	\$ 0			
(COMPLETE THIS LINE FOR LAS	T PAGE USED) GR	AND TOTAL	\$ 0			

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

LENDER NAME		EMPLOYER NAME			
LENDER ADDRESS		EMPLOYER	ADDR	RESS	
OCCUPATION					
CO-SIGNER NAME		EMPLOYER	NAME		
CO-SIGNER ADDRESS	<u> </u>	EMPLOYER	ADDR	ESS	
OCCUPATION			RECE	IVED THIS PERIOD	
DATE(S) RECEIVED	AGGREGATE AMO	\$ DUNT		CHECK IF CURRENCY	
LENDER NAME	<u>. I</u>	EMPLOYER	NAME	<u> </u>	
LENDER ADDRESS		EMPLOYER	ADDRI	ESS	
OCCUPATION	 .				
CO-SIGNER NAME	***************************************	EMPLOYER	NAME		<u></u>
CO-SIGNER ADDRESS		EMPLOYER A	ADDRE	ESS	
OCCUPATION	Malait usa .	AMOUNT(S)	RECE	VED THIS PERIOD	·
DATE(S) RECEIVED	AGGREGATE AMOU	JNT		CHECK IF CURRENCY	
TOTAL AMOUNT OF LOANS RECEIVED T	HIS REPORT PERIO	D	\$	0	
······································		<u></u>			

ADJUSTMENT SCHEDULE

Refund of Contributions

PAYMENT DATE	CHECK NO.	PA	YEE NAME AND ADDR	ESS	REFUNDED AMOUNT
					\$
				THE PART OF THE PA	
					1
				T organist state and the state of the state	
(COMPLETE THIS	LINE FOR EVERY PA	GE USED)	TOTAL, THIS PAGE	\$	0
(COMPLETE THIS	LINE FOR LAST PAG	E USED)	GRAND TOTAL	\$	0

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
4/11/2018	Debit Card	Edison Raceway, 236 US-1, Edison,	Gas for driving to training	\$ 38.96	\$ 38.96	0 \$
4/10/2018	Debit Card	NJ, 08817, eBay, 2145 Hamilton Ave, San Jose	courses Stamps	340	340	0
()		California, 95125				
4/17/ 2 018	Debit Card	Newark LAZ parking,11-43 Raymond Plaza West,Newark, NJ. 07102	Parking for training	15	ស្ដ	0
4/13/2018	Debit Card	Newa	Parking for training	15	ଶ ୯୯	۰.
0 LUG/84/3		st, Newark				
\$107/\$0/6	Debit Card	<pre>Card Amazon.com, 410 Terry Ave. North, Seattle, WA,98109</pre>	Cartridge refill	7.88	7.88	c .
5/04/2018	Debit Card	Card Amazon.com, 410 Terry Ave. North, Seattle, WA,98109	Cartridge refill	45.99	45.99	0
\$/07/2018	Debit Card	Card Amazon.com, 410 Terry Ave. North,	Toner	14.05	14.05	0
		Seattle, WA,98109				
6/04/2018	Debit Card	Amaz	Toner	79.96	79.96	0
0.00/14/3		SEACCIE, WA, 38108				
3107/21/0	הבחוני ומדמ	Amazon.com, 410 lerry Ave. North, Seattle, WA,98109	Toner	232,99	232.99	0
6/14/2018	Debit Card	Amaz	Paper	37.31	37,33	<u></u>
		Seattle, WA,98109				,
6/15/2018	Debit Card	Amazon.com, 4	Toner	74.63	74.63	0
4		Seattle, WA,98109				
6/18/2018	Debit Card	Amazon.com, 410 Terry Ave. North, Seattle, WA.98109	Printer Drum	131.13	131.13	0
6/25/2018	Debit Card	Amazon.com, 4	Pens	16.39	16.39	0
6/28/2018	Debit Card	Amazon.com, 4	Toner	13.99	0	0
		Seattle, WR,98109				
(COMPLETE TH	IIS LINE FOR	(COMPLETE THIS LINE FOR EVERY PAGE USED)	TOTAL, THIS PAGE	1063.28	\$ 1063.28	0
(COMPLETE TH	IIS LINE FOR	(COMPLETE THIS LINE FOR LAST PAGE USED)	GRAND TOTAL	1063.28	\$ 1063.28	0

New Jersey Election Law Enforcement Commission

FORM R-1 Revised 03/07/2013

SCHEDULE 2(D) - DISBURSEMENTS Other

			т —		T
	PRO-RATA AMOUNT OTHERS	€	0 \$	0\$	
	PRO-RATA AMOUNT THIS REPORTING ENTITY	\$	\$ 0	0 \$	
	FULL AMOUNT		0 \$	O \$	
Culer	PURPOSE		TOTAL THIS PAGE	GRAND TOTAL	•
	PAYEE NAME AND ADDRESS		(COMPLETE THIS LINE FOR EVERY PAGE USED)		
	CHECK NO.		IS LINE FOR	IS LINE FOR	
	PAYMENT DATE		(COMPLETE THI	(COMPLETE THI	

FORM R-1 Revised 03/07/2013

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)	VE FOR EVERY PA(3E USED)	TOTAL, THIS PAGE	0 \$
COMPLETE THE FC	OLLOWING LINES FI	COMPLETE THE FOLLOWING LINES FOR LAST PAGE USED:		0
SCHEDULE 3(D) GRAND TOTAL	SAND TOTAL			· •
ADD THE "PRO - RA	NTA AMOUNT OTHE	ADD THE "PRO - RATA AMOUNT OTHERS" COLUMN FROM SCHEDULES 1(D) AND 2(D)	(+)	2. \$
GRAND TOTAL OF (CONTRIBUTIONS M	GRAND TOTAL OF CONTRIBUTIONS MADE TO AND ON BEHALF OF CANDIDATES/COMMITTEES	W	3. \$

New Jersey Election Law Enforcement Commission

FORM R-1 Revised 03/07/2013

SCHEDULE E

Outstanding Obligations

Date(s)	Creditor's Name	Address	Description	Amount
				s
		·		
	5 			
			TOTAL OUTSTANDING OBLIGATIONS	_

SCHEDULE F

Refunded Disbursements

Date(s)	Check #	Full Name	Address	Description	Amount
,					\$
		ati.			
,				SCHEDULE F TOTAL	\$ 0

SCHEDULE G Recipients of In-Kind Contributions

NAME OF RECIPIENT CANDIDATE/COMMIT	ITEE .	
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMMIT	TEE	
MAILING ADDRESS		·
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	1+ m - m ea (4- a)
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMMIT	TEE	<u> </u>
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	<u> </u>
		AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMMIT	TEE	
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMMIT	TEE	
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	\$

STATEM	IENT OF CAMPAIGN DEPOSITORY AND O	CAMBAICN TREASURER	
Opening Balance, this (insert closing balance of			
insert zero.) Funds Transferred fro	om Prior Campaign	O 8	
Deposits (Include intere	est)	1,945	
Disbursements (Include	•	1,063.28	
Closing Balance, this		\$ 3,121.82	
The Bank of Pri	·	Wang for Council	
NAME OF BANK OR DE	POSITORY	NAME OF ACCOUNT	
	et, Princeton, NJ, 08540		
	ADDRESS OF BANK OR DEPOSITOR	χΥ	
Yan Mei Wang		314-884-8508	
NAME OF TREASURER		*TELÉPHONE NUMBER (DAY	
41 Montgomery	St, Princeton Junction, NJ, 0855	50	
	ADDRESS OF TREASURER		
	CERTIFICATION ents on this document are true, and that the contribution ware that if any of the statements are willfully false, I may be Yan Mei Wang		
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)	
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)	
07/15/2018	PRINT FULL NAME (CANDIDATE) Yan Mei Wang	SIGNATURE (CANDIDATE)	
DATE	PRINT FULL NAME (TREASURER)	SIGNATURE (TREASURER)	
	rial and Legislative candidates are required to receive train . Check here区 if you have completed the training and ent		
	DECLARATION OF FINAL REP	PORT	
	gn applicable Declaration below as well as Certification about the to file reports with the Commission until all campaign b		
l certify that all contrib loans or other obligation	outions or other monies received by this election fund have ons, and that the election fund has wound up its business a	been disbursed, that there are no outstanding 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)	

New Jersey Election Law Enforcement Commission.

FORM R-1 Revised 03/07/2013
*Leave this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 47:1A-1.1, an unlisted telephone number is not a public record and must not be provided on this form.

SIGNATURE (TREASURER)

PRINT FULL NAME (TREASURER)

DATE