

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 checked="" type="checkbox"/> July 15, <u>2018</u> <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.state.nj.us				
CANDIDATE OR COMMITTEE NAME <u>YING CHAO "YZ" Zhang</u>				
STREET ADDRESS <u>3 Endley Ln</u>				
CITY <u>Princeton Jct</u>	STATE <u>NJ</u>	ZIP CODE <u>08550</u>		
COUNTY <u>Mercer</u>	ELECTION DISTRICT OR MUNICIPALITY <u>West Windsor</u>			
POLITICAL PARTY, IF ANY <u>N/A</u>	OFFICE SOUGHT <u>City Council</u>			
Amendment Yes <input type="checkbox"/> No <input type="checkbox"/>				
For State Use Only ELEC RECEIVED SEP 21 2018				
ELECTION DATE <u>11/6/2018</u>	ELECTION TYPE (CHECK ONE)	<input type="checkbox"/> PRIMARY <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> MAY MUNICIPAL <input type="checkbox"/> RUN-OFF <input type="checkbox"/> SCHOOL <input type="checkbox"/> FIRE DISTRICT <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 / LOANS OF \$300 OR LESS		\$ <u>0</u>	\$ <u>0</u>	
2. MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]		\$ <u>0</u>	\$ <u>0</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>0</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>0</u>	
7. REFUND OF CONTRIBUTIONS [Adjustment Schedule] (-)		\$ <u>0</u>	\$ <u>0</u>	
8. TOTAL CONTRIBUTIONS		\$ <u>0</u>	\$ <u>0</u>	
9. ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)		\$ <u>1786.94</u>	\$ <u>1786.94</u>	
10. TOTAL RECEIPTS (ADD LINE 8 + LINE 9)		\$ <u>1786.94</u>	\$ <u>1786.94</u>	
TABLE II. EXPENDITURES				
1. DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]		\$ <u>365</u>	\$ <u>365</u>	
2. DISBURSEMENTS - OTHER [Schedule 2(D)]		\$ <u>0</u>	\$ <u>0</u>	
3. DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]		\$ <u>100</u>	\$ <u>100</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>465</u>	\$ <u>465</u>	
8. REFUNDED DISBURSEMENTS [Schedule F] (-)		\$ <u>0</u>	\$ <u>0</u>	
9. TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)		\$ <u>465</u>	\$ <u>465</u>	

SCHEDULE A

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

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 \$	
(COMPLETE THIS LINE FOR LAST PAGE USED)			GRAND TOTAL \$	

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(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	\$

SCHEDULE C
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	
		\$	
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		\$	

ADJUSTMENT SCHEDULE
Refund of Excessive Contributions

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	REFUNDED AMOUNT
			\$
<div style="font-size: 4em; transform: rotate(-45deg); display: inline-block;">None</div>			
(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
4/2/18	online	PNC Bank 354 Princeton Hightstown Rd West Windsor, NJ 08550	Service charge	\$ 12	\$ 12	\$ 0
4/8/18	Debit Card	United Chinese America 1050 Connecticut Ave. NW, Suite 500 Washington, DC 20036	Donation	103.00	103.00	0
5/6/18	Debit Card	Haven House, Inc P.O. Box 15611 Rio Rancho, NM 87174	Donation	50	50	0
7/9/18	Debit card	St. Jude Children 262 Danny Thomas Pl. Memphis, TN 38105	Donation	50	50	0
7/9/18	1182	Pransaram School of Dance 204 Sayre Dr. Princeton, NJ 08540	Donation	150	150	0
(COMPLETE THIS LINE FOR EVERY PAGE USED)				\$ 365	\$ 365	\$ 0
(COMPLETE THIS LINE FOR LAST PAGE USED)				\$ 365	\$ 365	\$ 0
TOTAL, THIS PAGE				\$ 365	\$ 365	\$ 0
GRAND TOTAL				\$ 365	\$ 365	\$ 0

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
			<i>None</i>	\$	\$	\$
(COMPLETE THIS LINE FOR EVERY PAGE USED)				\$	\$	\$
(COMPLETE THIS LINE FOR LAST PAGE USED)				\$	\$	\$

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

PAYMENT DATE	CHECK NO.	RECIPIENT CANDIDATE/COMMITTEE	ADDRESS	AMOUNT
8/6/18	#183	Friends of Dan Bensen	Donation	\$ 100
(COMPLETE THIS LINE FOR EVERY PAGE USED)				\$ 100
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)				
(+) 100				
GRAND TOTAL OF CONTRIBUTIONS MADE TO AND ON BEHALF OF CANDIDATES/COMMITTEES				
1 \$ 100				
2 \$ 0				
3 \$ 100				

SCHEDULE E
Outstanding Obligations

Date Incurred	Creditor's Name	Address	Description	Amount
		None		\$
TOTAL OUTSTANDING OBLIGATIONS				\$

SCHEDULE F
Refunded Disbursements

Date	Full Name	Address	Description	Amount
		None		\$
SCHEDULE F TOTAL				\$

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 \$

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.)

\$ 1786.94

Funds Transferred from Prior Campaign

\$ 0

Deposits (Include interest)

\$ 0

Disbursements (Include bank charges)

\$ 465.00

Closing Balance, this Report

\$ 1321.94

<u>PNC Bank</u>	<u>8110769159</u>	<u>Friends of Dr. YZ ZHANG</u>
NAME OF BANK OR DEPOSITORY		NAME OF ACCOUNT
<u>2 Schalks Crossing Rd., Plainsboro, NJ 08536</u>		
ADDRESS OF BANK OR DEPOSITORY		
<u>Fang Shu</u>	<u>9176676188</u>	
NAME OF TREASURER	*TELEPHONE NUMBER (DAY)	
<u>3 Findley Ln., Princeton, NJ 08540</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.

9/21/18
DATE

Yingchao Zhang
PRINT FULL NAME (CANDIDATE)

[Signature]
SIGNATURE (CANDIDATE)

DATE

PRINT FULL NAME (CANDIDATE)

SIGNATURE (CANDIDATE)

DATE

PRINT FULL NAME (CANDIDATE)

SIGNATURE (CANDIDATE)

9/21/18
DATE

Fang Shu
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.

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)