

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 checked="" type="checkbox"/> Apr. 15, 2018 <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.state.nj.us				
CANDIDATE OR COMMITTEE NAME FRIENDS OF HOKANSON				
STREET ADDRESS 318 HEMLOCK STREET				
CITY ROSELLE PARK	STATE NJ	ZIP CODE 07204		
COUNTY UNION	ELECTION DISTRICT OR MUNICIPALITY ROSELLE PARK			
POLITICAL PARTY, IF ANY DEMOCRAT	OFFICE SOUGHT MAYOR			
Amendment Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
For State Use Only				
ELECTION DATE 6-5-18	ELECTION TYPE (CHECK ONE) <input checked="" type="checkbox"/> PRIMARY <input type="checkbox"/> MAY MUNICIPAL <input type="checkbox"/> SCHOOL <input type="checkbox"/> SPECIAL <input 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		\$ 0.00	\$ 3,532.00	
2. MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]		\$ 1,000.00	\$ 1,000.00	
3. IN-KIND CONTRIBUTIONS OF \$300 OR LESS		\$ 0.00	\$ 300.00	
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]		\$ 500.00	\$ 1,500.00	
6. SUB TOTAL (ADD LINES 1 THRU 5)		\$ 1,500.00	\$ 6,332.00	
7. REFUND OF CONTRIBUTIONS [Adjustment Schedule] (-)		\$ 0.00	\$ 0.00	
8. TOTAL CONTRIBUTIONS		\$ 1,500.00	\$ 6,332.00	
9. ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)		\$ 0.00	\$ 1,912.01	
10. TOTAL RECEIPTS (ADD LINE 8 + LINE 9)		\$ 1,500.00	\$ 8,244.01	
TABLE II. EXPENDITURES				
1. DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]		\$ 2,337.87	\$ 2,499.43	
2. DISBURSEMENTS - OTHER [Schedule 2(D)]		\$ 790.00	\$ 4,489.58	
3. DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]		\$ 100.00	\$ 955.00	
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	\$ 300.00	
6. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)		\$ 0.00	\$ 0.00	
7. SUB TOTAL (ADD LINES 1 THRU 6)		\$ 3,227.00	\$ 8,244.01	
8. REFUNDED DISBURSEMENTS [Schedule F] (-)		\$ 0.00	\$ 0.00	
9. TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)		\$ 3,227.00	\$ 8,244.01	

SCHEDULE A

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

CONTRIBUTOR NAME Patricia L. Thomsen			EMPLOYER NAME N/A	
CONTRIBUTOR ADDRESS 1589 Ixora Drive			EMPLOYER ADDRESS N/A	
Naples, FL 34102				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 1,000.00	DATE(S) RECEIVED 3-5-18	AMOUNT(S) RECEIVED THIS PERIOD \$ 1,000.00
OCCUPATION Retired				
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	\$ 1,000.00
(COMPLETE THIS LINE FOR LAST PAGE USED)			GRAND TOTAL	\$ 1,000.00

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(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	\$ 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 Carl A. Hokanson		EMPLOYER NAME N/A	
LENDER ADDRESS 318 Hemlock Street		EMPLOYER ADDRESS	
Roselle Park, NJ 07204			
OCCUPATION Retired			
CO-SIGNER NAME		EMPLOYER NAME	
CO-SIGNER ADDRESS		EMPLOYER ADDRESS	
OCCUPATION		AMOUNT(S) RECEIVED THIS PERIOD \$ 500.00	
DATE(S) RECEIVED 2-7-18	AGGREGATE AMOUNT \$ 1,800.00	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		\$ 0.00	

ADJUSTMENT SCHEDULE

Refund of Contributions

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	REFUNDED AMOUNT
			\$ N/A
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	\$ 0.00
(COMPLETE THIS LINE FOR LAST 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
3-31-18	Transfer	Friends of Hokanson 318 Hemlock Street Roselle Park, NJ 07204	Transfer of Funds to General Election 2018	\$ 2,337.87	\$ 2,337.87	\$ 0.00
(COMPLETE THIS LINE FOR EVERY PAGE USED)				\$ 2,337.87	\$ 2,337.87	\$ 0.00
(COMPLETE THIS LINE FOR LAST PAGE USED)				\$ 2,337.87	\$ 2,337.87	\$ 0.00
TOTAL, THIS PAGE				\$ 2,337.87	\$ 2,337.87	\$ 0.00
GRAND TOTAL				\$ 2,337.87	\$ 2,337.87	\$ 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
2-9-18	1111	Friends of Union Columbiettes Council #4504 1034 Jeanette Avenue Union, NJ 07083	"Go Gold for Matteo" Fundraiser	\$ 200.00	\$ 200.00	\$ 0.00
2-13-18	1112	Missionaries on a Mission 303 East Second Avenue Roselle, NJ 07203	Charitable Fundraiser	\$ 100.00	\$ 100.00	\$ 0.00
2-19-17	1113	Carl A. Hokanson 318 Hemlock Street Roselle Park, NJ 07204	Reimbursement for 2018 Reorg. photos of Mayor and Council	\$ 100.00	\$ 100.00	\$ 0.00
2-26-18	1114	Carl A. Hokanson 318 Hemlock Street Roselle Park, NJ 07204	Reimbursement for February 2018 Meet & Greet	\$ 90.00	\$ 90.00	\$ 0.00
3-5-18	1115	Knights of Columbus #3240 113 Chiego Place Roselle Park, NJ 07204	2018 Saint Anthony Feast Sponsorship (1st half)	\$ 150.00	\$ 100.00	\$ 0.00
3-30-18	1117	Knights of Columbus #3240 113 Chiego Place Roselle Park, NJ 07204	2018 Saint Anthony Feast Sponsorship (2nd half)	\$ 150.00	\$ 150.00	\$ 0.00
						\$ 0.00
						\$ 0.00
						\$ 0.00
(COMPLETE THIS LINE FOR EVERY PAGE USED)				\$ 790.00	\$ 790.00	\$ 0.00
(COMPLETE THIS LINE FOR LAST PAGE USED)				\$ 790.00	\$ 790.00	\$ 0.00
TOTAL, THIS PAGE						
GRAND TOTAL						

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

PAYMENT DATE	CHECK NO.	RECIPIENT CANDIDATE/COMMITTEE	ADDRESS	AMOUNT
3-30-18	1116	Scutari for Senate	12 Cellar Avenue, Clark, NJ 07066	\$ 100.00
(COMPLETE THIS LINE FOR EVERY PAGE USED)				\$ 100.00
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) (+) GRAND TOTAL OF CONTRIBUTIONS MADE TO AND ON BEHALF OF CANDIDATES/COMMITTEES				
				1. \$ 100.00
				2. \$ 0.00
				3. \$ 100.00

SCHEDULE E
Outstanding Obligations

Date(s)	Creditor's Name	Address	Description	Amount
2-21-17	Carl A. Hokanson	318 Hemlock Street Roselle Park, NJ 07204	Loan*	\$ 1000.00
3-31-17	Carl A. Hokanson	318 Hemlock Street Roselle Park, NJ 07204	Loan*	\$ 300.00
2-7-18	Carl A. Hokanson	318 Hemlock Street Roselle Park, NJ 07204	Loan*	\$ 500.00
* Obligations transferred to 2018 General Election fund due to no further involvement in June 5, 2018 Primary.				TOTAL OUTSTANDING OBLIGATIONS \$ 1,800.00

SCHEDULE F
Refunded Disbursements

Date(s)	Check #	Full Name	Address	Description	Amount
					\$ N/A
SCHEDULE F TOTAL					\$ 0.00

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 \$ 0.00
NAME OF RECIPIENT CANDIDATE/COMMITTEE		
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$ 0.00
NAME OF RECIPIENT CANDIDATE/COMMITTEE		
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$ 0.00
NAME OF RECIPIENT CANDIDATE/COMMITTEE		
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$ 0.00
NAME OF RECIPIENT CANDIDATE/COMMITTEE		
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	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.)

\$ 1,727.87

Funds Transferred from Prior Campaign

\$ 0.00

Deposits (Include interest)

\$ 1,500.00

Disbursements (Include bank charges)

\$ 3,227.87

Closing Balance, this Report

\$ 0.00

Valley National Bank

Friends for Hokanson

NAME OF BANK OR DEPOSITORY

NAME OF ACCOUNT

1 West Westfield Avenue, Roselle Park, New Jersey 07204

ADDRESS OF BANK OR DEPOSITORY

Anita Hokanson

NAME OF TREASURER

*TELEPHONE NUMBER (DAY)

318 Hemlock Street, Roselle Park, New Jersey 07204

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.

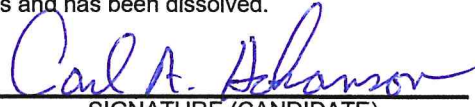
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (TREASURER)	_____ SIGNATURE (TREASURER)

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.

4-1-18 DATE	Carl A. Hokanson PRINT FULL NAME (CANDIDATE)	 SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
4-1-18 DATE	Anita Hokanson PRINT FULL NAME (TREASURER)	_____ SIGNATURE (TREASURER)

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				FRIENDS OF HOKANSON	
STREET ADDRESS				318 HEMLOCK STREET	
CITY		STATE	ZIP CODE	For State Use Only	
ROSELLE PARK		NJ	07204		
COUNTY		ELECTION DISTRICT OR MUNICIPALITY			
UNION		ROSELLE PARK			
POLITICAL PARTY, IF ANY		OFFICE SOUGHT			
INDEPENDENT		MAYOR			
ELECTION DATE		ELECTION TYPE		<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	
11-6-18		(CHECK ONE)			
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				\$ 11,683.00	\$ 11,683.00
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]				\$ 0.00	\$ 0.00
6. SUB TOTAL (ADD LINES 1 THRU 5)				\$ 11,683.00	\$ 11,683.00
7. REFUND OF CONTRIBUTIONS [Adjustment Schedule] (-)				\$ 1,000.00	\$ 1,000.00
8. TOTAL CONTRIBUTIONS				\$ 10,683.00	\$ 10,683.00
9. ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)				\$ 2,337.87	\$ 2,337.87
10. TOTAL RECEIPTS (ADD LINE 8 + LINE 9)				\$ 13,020.87	\$ 13,020.87
TABLE II. EXPENDITURES					
1. DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]				\$ 7,533.46	\$ 7,533.46
2. DISBURSEMENTS - OTHER [Schedule 2(D)]				\$ 1,626.16	\$ 1,626.16
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 (TABLE I, LINE 4)				\$ 0.00	\$ 0.00
7. SUB TOTAL (ADD LINES 1 THRU 6)				\$ 9,159.62	\$ 9,159.62
8. REFUNDED DISBURSEMENTS [Schedule F] (-)				\$ 0.00	\$ 0.00
9. TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)				\$ 9,159.62	\$ 9,159.62

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				
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	\$ 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(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	\$	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-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		\$ 0.00	

ADJUSTMENT SCHEDULE

Refund of Contributions

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	REFUNDED AMOUNT
7-6-18	1124	Michael Ryan 475 West 3rd Avenue Roselle, NJ 07203	\$ 300.00
7-6-18	1125	VVR Developers, LLC 23 Jani Court Clifton, NJ 07013	\$ 200.00
7-6-18	1127	Capodagli Property Company, LLC 201 South Wood Avenue Linden, NJ 07036	\$ 250.00
7-20-18	1128	Craig Ryno 232 Monroe Street, Apt. 1N Hoboken, NJ 07030	\$ 125.00
7-20-18	1129	Robert Symanski, Jr. 226 Passaic Avenue Point Pleasant, NJ 08742	\$ 125.00
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	\$ 1,000.00
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$ 1,000.00

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
6-15-18	1119	NTN Buzztime Dept LA 24391 Pasadena, CA 91185	Trivia Game Package for Fund Raiser	\$ 300.00	\$ 300.00	\$ 0.00
6-19-18	1120	Vintage Italian Restaurant 9 West Westfield Avenue Roselle Park, NJ 07204	Fund Raiser	\$ 300.00	\$ 300.00	\$ 0.00
6-21-18	1121	Anita Hokanson 318 Hemlock Street Roselle Park, NJ 07204	Reimbursement for Fund Raiser Supplies	\$ 293.00	\$ 293.00	\$ 0.00
7-6-18	1122	ProForma P.O. Box 640814 Cincinnati, OH 45264	Re-Election Campaign Signs	\$ 1,800.00	\$ 1,800.00	\$ 0.00
7-6-18	1123	Anita Hokanson 318 Hemlock Street Roselle Park, NJ 07204	Reimbursement for Postage and Campaign Supplies	\$ 328.05	\$ 328.05	\$ 0.00
7-15-18	1126	Anita Hokanson 318 Hemlock Street Roselle Park, NJ 07204	Reimbursement for BBQ Fund Raiser	\$ 436.41	\$ 436.41	\$ 0.00
9-11-18	1131	ProForma P.O. Box 640814 Cincinnati, OH 45264	Campaign Fliers, Coffee Cups, and Magnets	\$ 4,076.00	\$ 4,076.00	\$ 0.00
(COMPLETE THIS LINE FOR EVERY PAGE USED)				\$ 7,533.46	\$ 7,533.46	\$ 0.00
(COMPLETE THIS LINE FOR LAST PAGE USED)				\$ 7,533.46	\$ 7,533.46	\$ 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
6-15-18	1118	Carl A. Hokanson 318 Hemlock Street Roselle Park, NJ 07204	Reimbursement for Meet and Greet (4/4/18)	\$ 240.00	\$ 240.00	\$ 0.00
8-18-18	1130	Anita Hokanson 318 Hemlock Street Roselle Park, NJ 07204	Reimbursement for Stamps, Grand Opening / Ribbon Cutting Gifts, and Arts Donation	\$ 489.20	\$ 489.20	\$ 0.00
9-11-18	1132	Anita Hokanson 318 Hemlock Street Roselle Park, NJ 07204	Reimbursement for Stamps and Lunch with Seniors Group	\$ 348.46	\$ 348.46	\$ 0.00
8-23-18	1133	Carl A. Hokanson 318 Hemlock Street Roselle Park, NJ 07204	Reimbursement for Meet and Greet	\$ 130.00	\$ 130.00	\$ 0.00
9-11-18	1134	Carl A. Hokanson 318 Hemlock Street Roselle Park, NJ 07204	Reimbursement for Meet and Greet with Spanish Community	\$ 68.50	\$ 68.50	\$ 0.00
9-11-18	1135	Union County Hall of Fame Fanwood, NJ 07023	Golf Outing Sponsorship	\$ 100.00	\$ 100.00	\$ 0.00
10-2-18	1136	Mallory's Army Rockaway, NJ 07866	Donation toward Playground Building	\$ 250.00	\$ 250.00	\$ 0.00
(COMPLETE THIS LINE FOR EVERY PAGE USED)				TOTAL, THIS PAGE	\$ 1,626.16	\$ 0.00
(COMPLETE THIS LINE FOR LAST PAGE USED)				GRAND TOTAL	\$ 1,626.16	\$ 0.00

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)				\$ 0.00
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)				
				1. \$ 0.00
				2. \$ 0.00
				3. \$ 0.00
GRAND TOTAL OF CONTRIBUTIONS MADE TO AND ON BEHALF OF CANDIDATES/COMMITTEES				

SCHEDULE E
Outstanding Obligations

Date(s)	Creditor's Name	Address	Description	Amount
2-21-17	Carl A. Hokanson	318 Hemlock Street Roselle Park, NJ 07204	Loan	\$ 1,000.00
3-31-17	Carl A. Hokanson	318 Hemlock Street Roselle Park, NJ 07204	Loan	\$ 300.00
2-7-18	Carl A. Hokanson	318 Hemlock Street Roselle Park, NJ 07204	Loan	\$ 500.00
TOTAL OUTSTANDING OBLIGATIONS				\$ 1,800.00

SCHEDULE F
Refunded Disbursements

Date(s)	Check #	Full Name	Address	Description	Amount
					\$
SCHEDULE F TOTAL					\$ 0.00

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 \$ 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.)

\$ 0.00

Funds Transferred from Prior Campaign

\$ 2,337.87

Deposits (Include interest)

\$ 10,683.00

Disbursements (Include bank charges)

\$ 9,159.62

Closing Balance, this Report

\$ 3,861.25

Valley National Bank

Friends for Hokanson

NAME OF BANK OR DEPOSITORY

NAME OF ACCOUNT

1 West Westfield Avenue, Roselle Park, New Jersey 07204

ADDRESS OF BANK OR DEPOSITORY

Anita Hokanson

NAME OF TREASURER

*TELEPHONE NUMBER (DAY)

318 Hemlock Street, Roselle Park, New Jersey 07204

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.

10-6-18

Carl A. Hokanson

DATE

PRINT FULL NAME (CANDIDATE)

SIGNATURE (CANDIDATE)

DATE

PRINT FULL NAME (CANDIDATE)

SIGNATURE (CANDIDATE)

DATE

PRINT FULL NAME (CANDIDATE)

SIGNATURE (CANDIDATE)

10-6-18

Anita Hokanson

DATE

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)

FORM R-1		REPORT OF CONTRIBUTIONS AND EXPENDITURES		REPORT (CHECK ONE): <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, _____ <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 FRIENDS OF HOKANSON					
STREET ADDRESS 318 HEMLOCK STREET					
CITY ROSELLE PARK		STATE NJ	ZIP CODE 07204	For State Use Only	
COUNTY UNION		ELECTION DISTRICT OR MUNICIPALITY ROSELLE PARK			
POLITICAL PARTY, IF ANY INDEPENDENT		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				\$ 0.00	\$ 11,683.00
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]				\$ 0.00	\$ 0.00
6. SUB TOTAL (ADD LINES 1 THRU 5)				\$ 0.00	\$ 11,683.00
7. REFUND OF CONTRIBUTIONS [Adjustment Schedule] (-)				\$ 0.00	\$ 1,000.00
8. TOTAL CONTRIBUTIONS				\$ 0.00	\$ 10,683.00
9. ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)				\$ 0.00	\$ 2,337.87
10. TOTAL RECEIPTS (ADD LINE 8 + LINE 9)				\$ 0.00	\$ 13,020.87
TABLE II. EXPENDITURES					
1. DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]				\$ 1,588.96	\$ 9,122.39
2. DISBURSEMENTS - OTHER [Schedule 2(D)]				\$ 130.00	\$ 1,756.16
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 (TABLE I, LINE 4)				\$ 0.00	\$ 0.00
7. SUB TOTAL (ADD LINES 1 THRU 6)				\$ 1,718.96	\$ 10,878.55
8. REFUNDED DISBURSEMENTS [Schedule F] (-)				\$ 0.00	\$ 0.00
9. TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)				\$ 1,718.96	\$ 10,878.55

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				
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	\$ 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(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)			
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	
		\$ 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-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		\$ 0.00	

ADJUSTMENT SCHEDULE

Refund of Contributions

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	REFUNDED AMOUNT
			\$ 0.00
(COMPLETE THIS LINE FOR EVERY PAGE USED)			TOTAL, THIS PAGE \$ 0.00
(COMPLETE THIS LINE FOR LAST 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
10-14-18	1137	Anita Hokanson 318 Hemlock Street Roselle Park, NJ 07204	Reimbursement for Stamps	\$ 150.00	\$ 150.00	\$ 0.00
10-14-18	1138	Carl A. Hokanson 318 Hemlock Street Roselle Park, NJ 07204	Reimbursement for Coffee, Train Station Campaigning, and Cigar & Shave Event	\$ 74.31	\$ 74.31	\$ 0.00
10-19-18	1140	Weaver Printing 945 Lincoln Avenue Cranford, NJ 07016	Printing of Campaign Signs and Fliers	\$ 861.42	\$ 861.42	\$ 0.00
10-19-18	1141	ProForma P.O. Box 640814 Cincinnati, OH 45264	Printing of Campaign Fliers	\$ 503.20	\$ 503.20	\$ 0.00
(COMPLETE THIS LINE FOR EVERY PAGE USED)				\$ 1,588.93	\$ 1,588.93	\$ 0.00
(COMPLETE THIS LINE FOR LAST PAGE USED)				\$ 1,588.93	\$ 1,588.93	\$ 0.00
TOTAL, THIS PAGE				\$		
GRAND TOTAL				\$		

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
10-15-18	1139	UCFIC, Inc. Elizabeth, NJ	Charitable Event Tickets / Donation	\$ 130.00	\$ 130.00	\$ 0.00
(COMPLETE THIS LINE FOR EVERY PAGE USED)				\$ 130.00	\$ 130.00	\$ 0.00
(COMPLETE THIS LINE FOR LAST PAGE USED)				\$ 130.00	\$ 130.00	\$ 0.00
TOTAL, THIS PAGE						
GRAND TOTAL						

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)				\$ 0.00
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)				
(+)				
GRAND TOTAL OF CONTRIBUTIONS MADE TO AND ON BEHALF OF CANDIDATES/COMMITTEES				
				1. \$ 0.00
				2. \$ 0.00
				3. \$ 0.00

SCHEDULE E
Outstanding Obligations

Date(s)	Creditor's Name	Address	Description	Amount
2-21-17	Carl A. Hokanson	318 Hemlock Street Roselle Park, NJ 07204	Loan	\$ 1,000.00
3-31-17	Carl A. Hokanson	318 Hemlock Street Roselle Park, NJ 07204	Loan	\$ 300.00
2-7-18	Carl A. Hokanson	318 Hemlock Street Roselle Park, NJ 07204	Loan	\$ 500.00
TOTAL OUTSTANDING OBLIGATIONS				\$ 1,800.00

SCHEDULE F
Refunded Disbursements

Date(s)	Check #	Full Name	Address	Description	Amount
					\$
SCHEDULE F TOTAL					\$ 0.00

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 \$ 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.)

\$ 3,861.25

Funds Transferred from Prior Campaign

\$ 0.00

Deposits (Include interest)

\$ 0.00

Disbursements (Include bank charges)

\$ 1,718.93

Closing Balance, this Report

\$ 2,142.32

Valley National Bank

Friends for Hokanson

NAME OF BANK OR DEPOSITORY

NAME OF ACCOUNT

1 West Westfield Avenue, Roselle Park, New Jersey 07204

ADDRESS OF BANK OR DEPOSITORY

Anita Hokanson

NAME OF TREASURER

*TELEPHONE NUMBER (DAY)

318 Hemlock Street, Roselle Park, New Jersey 07204

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.

10-31-18

Carl A. Hokanson

DATE

PRINT FULL NAME (CANDIDATE)

SIGNATURE (CANDIDATE)

DATE

PRINT FULL NAME (CANDIDATE)

SIGNATURE (CANDIDATE)

DATE

PRINT FULL NAME (CANDIDATE)

SIGNATURE (CANDIDATE)

10-31-18

Anita Hokanson

DATE

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)