

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) Web site http://www.elec.state.nj.us/		Amendment Yes <input type="checkbox"/> No <input type="checkbox"/> For State Use Only <div style="border: 1px solid black; padding: 5px; display: inline-block;"> ELEC RECEIVED MAY 28 2013 </div>
CANDIDATE OR COMMITTEE NAME GROSSMAN FOR GOVERNOR COMMITTEE		
STREET ADDRESS 453 Shore Road		
CITY Somers Point	STATE NJ	ZIP CODE 08244
COUNTY Atlantic	ELECTION DISTRICT OR MUNICIPALITY State of New Jersey	
POLITICAL PARTY, IF ANY Republican	OFFICE SOUGHT Governor	
ELECTION DATE June 4, 2013	ELECTION TYPE (CHECK ONE) <input checked="" type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL	<input type="checkbox"/> MUNICIPAL <input type="checkbox"/> RUN-OFF <input type="checkbox"/> SCHOOL 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 OF \$300 OR LESS	\$ 2,090	\$ 9,430
2 MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]	\$ 450	\$ 700
3 IN-KIND CONTRIBUTIONS OF \$300 OR LESS	\$ - 0 -	\$ 150
4 IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]	\$ - 0 -	\$ - 0 -
5 LOANS RECEIVED IN EXCESS OF \$300 AND ALL CURRENCY LOANS [Schedule C]	\$ - 0 -	\$ 1,200
6 SUB TOTAL (ADD LINES 1 THRU 5)	\$ 2,540	\$ 11,480
7 REFUND OF EXCESSIVE CONTRIBUTIONS [Adjustment Schedule] (-)	\$ - 0 -	\$ - 0 -
8 TOTAL CONTRIBUTIONS	\$ 2,540	\$ 11,480
9 ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)	\$ - 0 -	\$ - 0 -
10 TOTAL RECEIPTS (ADD LINE 8 + LINE 9)	\$ 2,540	\$ 11,480

TABLE II EXPENDITURES	THIS REPORT	CUMULATIVE TO DATE
1 DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]	\$ 3,032	\$ 10,702
2 DISBURSEMENTS - OTHER [Schedule 2(D)]	\$ - 0 -	\$ - 0 -
3 DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]	\$ - 0 -	\$ - 0 -
4 CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)]	\$ - 0 -	\$ - 0 -
5 IN-KIND CONTRIBUTIONS OF \$300 OR LESS (TABLE I, LINE 3)	\$ - 0 -	\$ - 0 -
6 IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)	\$ - 0 -	\$ - 0 -
7 SUB TOTAL (ADD LINES 1 THRU 6)	\$ 3,032	\$ 10,702
8 REFUNDED DISBURSEMENTS [Schedule F] (-)	\$ - 0 -	\$ - 0 -
9 TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)	\$ 3,032	\$ 10,702

SCHEDULE A

1 of 3

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

CONTRIBUTOR NAME BERNARD J MCCOLEY, JR			EMPLOYER NAME DAS		
CONTRIBUTOR ADDRESS 17 FENBROOKE WAY SMITHVILLE, NJ 0828			EMPLOYER ADDRESS 200 W PARKWAY DR EGG HARBOR TWP, NJ 08234		
	CHECK IF CURRENCY <input checked="" type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED 5/5/2013	AMOUNT(S) RECEIVED THIS PERIOD \$ 25	
OCCUPATION MANAGER					
CONTRIBUTOR NAME SHARON DAILY PA			EMPLOYER NAME BOLNEY WOOD PROPERTY		
CONTRIBUTOR ADDRESS 55 MARSHALL DRIVE EGG HARBOR TWP, NJ 08234			EMPLOYER ADDRESS 1630 WOOD RD WORTHFIELD, NJ 08254		
	CHECK IF CURRENCY <input checked="" type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$ 50	
OCCUPATION RETIRED					
CONTRIBUTOR NAME ROSE WALKERMAN			EMPLOYER NAME		
CONTRIBUTOR ADDRESS 23 SILVER BIRCH RD TOWNSHIP VILLE, NJ 08012			EMPLOYER ADDRESS		
	CHECK IF CURRENCY <input checked="" type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED 5/5/2013 2/9/2013	AMOUNT(S) RECEIVED THIS PERIOD \$ 125	
OCCUPATION RETIRED					
CONTRIBUTOR NAME CAROL MACFARLAN			EMPLOYER NAME RFD BOWK VETERINARY		
CONTRIBUTOR ADDRESS 101 W CHURCH ABSECON, NJ 08201			EMPLOYER ADDRESS 535 MAPLE AVE LINWOOD, NJ 08221		
	CHECK IF CURRENCY <input checked="" type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED 5/5/2013	AMOUNT(S) RECEIVED THIS PERIOD \$ 25	
OCCUPATION VETERINARY NURSE					
CONTRIBUTOR NAME WAYNE CRUM			EMPLOYER NAME		
CONTRIBUTOR ADDRESS 225 N DOOLEY AVE VENTNOR, NJ 08406			EMPLOYER ADDRESS		
	CHECK IF CURRENCY <input checked="" type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED 5/5/2013	AMOUNT(S) RECEIVED THIS PERIOD \$ 25	
OCCUPATION DISABLED					
(COMPLETE THIS LINE FOR EVERY PAGE USED)			TOTAL, THIS PAGE	\$ 150	
(COMPLETE THIS LINE FOR LAST PAGE USED)			GRAND TOTAL	\$ 150	

2063

SCHEDULE A

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

CONTRIBUTOR NAME JEANETTE GASBARRO		EMPLOYER NAME ABSECON MANOR		
CONTRIBUTOR ADDRESS 104 EAST WELLES LANE ABSECON, NJ 08201		EMPLOYER ADDRESS		
	CHECK IF CURRENCY <input checked="" type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$ 20
OCCUPATION ACTIVITIES DIRECTOR				
CONTRIBUTOR NAME LUI SA ENG		EMPLOYER NAME RETIRED		
CONTRIBUTOR ADDRESS 709 ELBERON AVE ABSECON, NJ 08201		EMPLOYER ADDRESS		
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$ 30
OCCUPATION RETIRED				
CONTRIBUTOR NAME SANDRA ANTHONY		EMPLOYER NAME		
CONTRIBUTOR ADDRESS 14 SUSSEX PL GALLOWAY, NJ 08205		EMPLOYER ADDRESS		
	CHECK IF CURRENCY <input checked="" type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$ 25
OCCUPATION RETIRED				
CONTRIBUTOR NAME EILEEN WOOD		EMPLOYER NAME		
CONTRIBUTOR ADDRESS 21 SOMERS AVE EGG HARBOR TWP, NJ 08234		EMPLOYER ADDRESS		
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$ 25
OCCUPATION RETIRED				
CONTRIBUTOR NAME GARY STEIN		EMPLOYER NAME SELF		
CONTRIBUTOR ADDRESS 1729 DANMISTART AVE EGG HARBOR CITY, NJ 08224		EMPLOYER ADDRESS		
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION BUSINESSMAN				
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	\$ 100	
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$ 250	

SCHEDULE A

3063

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

CONTRIBUTOR NAME RAY MILLER			EMPLOYER NAME		
CONTRIBUTOR ADDRESS 324 34TH ST SOUTH BRIGANTINE, NJ 08203			EMPLOYER ADDRESS		
OCCUPATION RETIRED			DATE(S) RECEIVED 5/5/2013	AMOUNT(S) RECEIVED THIS PERIOD \$ 25	
CHECK IF CURRENCY <input checked="" type="checkbox"/>			AGGREGATE AMOUNT \$ 25		
CONTRIBUTOR NAME JAN KNEPPER			EMPLOYER NAME FAA		
CONTRIBUTOR ADDRESS 88 PETERSBURG RD PETERSBURG, NJ 08270			EMPLOYER ADDRESS ATLANTIC CITY AIRPORT PATENT , NJ 08606 Twp, NJ 08234		
OCCUPATION GOVT EMPLOYEE			DATE(S) RECEIVED 5/5/2013	AMOUNT(S) RECEIVED THIS PERIOD \$ 100	
CHECK IF CURRENCY <input checked="" type="checkbox"/>			AGGREGATE AMOUNT \$ 100		
CONTRIBUTOR NAME JOEL RUBINFINE			EMPLOYER NAME		
CONTRIBUTOR ADDRESS 405 JEFFERSON AVE LINWOOD, NJ 08221			EMPLOYER ADDRESS		
OCCUPATION UNEMPLOYED			DATE(S) RECEIVED 5/5/2013	AMOUNT(S) RECEIVED THIS PERIOD \$ 25	
CHECK IF CURRENCY <input checked="" type="checkbox"/>			AGGREGATE AMOUNT \$ 25		
CONTRIBUTOR NAME LEO RANSOME			EMPLOYER NAME		
CONTRIBUTOR ADDRESS 25 KESLER AVE ABSOLON, NJ 08201			EMPLOYER ADDRESS		
OCCUPATION RETIRED			DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$ 25	
CHECK IF CURRENCY <input checked="" type="checkbox"/>			AGGREGATE AMOUNT \$ 25		
CONTRIBUTOR NAME JOHN KETTER			EMPLOYER NAME		
CONTRIBUTOR ADDRESS 12 FRANKLIN DR SOMERS POINT, NJ 08244			EMPLOYER ADDRESS		
OCCUPATION UNEMPLOYED			DATE(S) RECEIVED 5/5/2013 2/5/2013 4/25/13	AMOUNT(S) RECEIVED THIS PERIOD \$ 25	
CHECK IF CURRENCY <input type="checkbox"/>			AGGREGATE AMOUNT \$ 225		
(COMPLETE THIS LINE FOR EVERY PAGE USED)			TOTAL, THIS PAGE	\$ 200	
(COMPLETE THIS LINE FOR LAST PAGE USED)			GRAND TOTAL	\$ 450	

SCHEDULE B
In-Kind Contributions in Excess of \$300

CONTRIBUTOR NAME <i>NONE</i>		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	\$ <i>0</i>
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$ <i>0</i>

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

LENDER NAME ZERO		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 —	

ADJUSTMENT SCHEDULE
Refund of Excessive Contributions

PAYMENT DATE	CHECK NO	PAYEE NAME AND ADDRESS	REFUNDED AMOUNT
<p>DOES NOT APPLY — NONE —</p>			\$
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	\$ 2500
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$ 2500

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
5/5/13	CASH	MERVIKS TA CAROLINE'S RESTAURANT 450 BAY AVE SOMERS PT, NJ 07044	FOOD PAID WITH CASH TAXICAB FUMPHMIST	\$ 350	\$ N/A	\$ N/A
5/25/13	ADMITTED BYLINE	RAILY.ORG 144 20 ST SAN FRANCISCO, CA 94105	COMMISSION FOR ORGANIZING CONTRIBUTORS	\$ 857	N/A	N/A
5/3/2013	SEE ATTACHED	SEE ATTACHED SCHEDULE.		\$ 2,625	N/A	N/A
(COMPLETE THIS LINE FOR EVERY PAGE USED)				\$ 3,032	\$	\$
(COMPLETE THIS LINE FOR LAST PAGE USED)				\$ 3,032	\$	\$

GROSSMAN FOR GOVERNOR COMMITTEE
 CAMPAIGN FINANCE REPORT
 11 DAYS BEFORE ELECTION

Schedule 1(D) DISBURSEMENTS
 Campaign expenses

Payment	Check#/ Debit Crd	Payee Name & Address	Purpose	Full Amount
5/3/2013	Debit Crd	Google	Svc Apps	\$10 00
5/6/2013	Debit Crd	Sunoco, Tilton Rd, EHT	Fuel	\$40 46
5/6/2013	#1017	Clear Communications Maurice River Pkway Vineland, NJ 08360	Radio time	\$200
5/9/2013	Debit Crd	Quick Check Route 206 Newton, NJ	Gas	\$39 85
5/13/2012	DebitCrd	Wawa Route 40 & 54 Buena, NJ	Gas	\$30 50
5/13/2013	#1019	Seth Grossman 453 Shore Rd Somers Pt, NJ 08244	Repay Loan	\$1,200
5/16/2013	Debit Crd	Press of Antlantic Cy Devins Lane Pleasantvile, NJ 08232	Online Subscribe	\$7 95
5/20/2013	#1020	Catherine Boyce 229 East Pine Street Millville, NJ 08332	Social Media/Video	\$200
5/21/2013		Shell Oil Route 38 Maple Shade, NJ	Fuel	\$20
5/21/2013	#992	Federal Express PO Box 371461 Pittsburgh, PA	Delivery	\$16 55
5/22/2013	#1018	Perceptions Design Stu #1018 4 Northfield Road Amherst, NH 03031	Web Support	\$380

5/24/2013 #993	Galico Media P O Box 67 Belford, NJ 07718	Web Advertising	\$200 *
5/24/2013 #994	Seth Grossman 453 Shore Road Somers Pt, NJ 08244	Reimburse 5/16/2013 Mailchimp charge	\$30 *
5/24/2013 #995	Clear Communications PO Box 689 Vineland, NJ 08360	WVLT 92 1FM Airtime	\$250 *
TOTAL			\$ 2,625 31

SCHEDULE E
Outstanding Obligations

Date Incurred	Creditor's Name	Address	Description	Amount
	<i>NONE</i>			\$
TOTAL OUTSTANDING OBLIGATIONS				\$ <i>0 -</i>

SCHEDULE F
Refunded Disbursements

Date	Full Name	Address	Description	Amount
	<i>NONE</i>			\$
SCHEDULE F TOTAL				\$ <i>0 -</i>

SCHEDULE G
Recipients of In-Kind Contributions

NAME OF RECIPIENT CANDIDATE/COMMITTEE		
<i>None</i>		
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$ <i>zero</i>
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 \$ <i>zero</i>

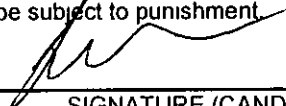

STATEMENT OF CAMPAIGN DEPOSITORY AND CAMPAIGN TREASURER

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)	\$ <u>1,148</u>
Funds Transferred from Prior Campaign	\$ <u>- 0 -</u>
Deposits (Include interest)	\$ <u>2,540</u>
Disbursements (Include bank charges)	\$ <u>3,032</u>
Closing Balance, this Report	\$ <u>656</u>

<u>CAPE BANK</u>	<u>GROSSMAN FOR GOVERNOR COMMITTEE</u>
NAME OF BANK OR DEPOSITORY	NAME OF ACCOUNT
<u>225 N MAIN ST, CAPE MAY COUNTY, NJ 08210</u>	<u>609-927-7333</u>
ADDRESS OF BANK OR DEPOSITORY	*TELEPHONE NUMBER (DAY)
<u>SETH GROSSMAN</u>	
NAME OF TREASURER	
<u>453 SHORE RD, SOMERS POINT, NJ 08244</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.

<u>5/26/2013</u>	<u>SETH GROSSMAN</u>	
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
_____	_____	_____
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
_____	_____	_____
<u>5/26/2013</u>	<u>SETH GROSSMAN</u>	
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# CF1300025

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)