		The second secon		-				
FORM R-1	REPORT	OF CONTRI	BUTIONS AND		REPORT (CHECK ONE): 29 - DAY PRE-ELECTION			
AIPAC IPAC	SEY ELECTION LAV	ANTENDES DE L'AUTO D			11 - DAY PRE	E-ELECTION		
NEW JER	P.O. Box 185, Tre	nton. NJ 08625-0	2185	- 1	20 - DAY POS	ST-ELECTION		
(609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532)					Apr. 15,			
		c.state.nj.us		-	July 15,			
	OMMITTEE NAME	10.			Oct. 15,			
THE RESIDENCE OF THE PARTY OF T	oherts for	Mayor	Control of the Contro	-	Jan. 15,			
STREET ADDRES	5 Inlet T	_			Amendment Yes	□ No □		
CITY	- onu	STATE	ZIP CODE		For Stat	e Use Only		
Belma	~	no	07719			,		
COUNTY		- 1	TRICT OR MUNICIPALITY	(6			
Monn		Bel						
POLITICAL PART		OFFICE SOUG	layor					
ELECTION DATE	ocrest	Accessed to the second		A CIP	L SCHOOL	☐ SPECIA		
11/4/14	(CHECK ONE)	GENE	Name and Advanced to the Control of	/IFA	FIRE DIS	Note that the same of the same		
SUMMARY TAB			ETE TABLES I AND II UNT AVE BEEN COMPLETED	ΓIL				
TABLE I. RECE	IPTS				THIS REPORT	CUMULATIVE TO DATE		
1. MONETARY C	ONTRIBUTIONS / LO/	ANS OF \$300 OF	RLESS	\$	2200	\$ 2400		
	ONTRIBUTIONS IN EX	CESS OF \$300	AND ALL CURRENCY	\$	0	\$ 0		
	RIBUTIONS OF \$300	OR LESS		\$	0	\$ 0		
4. IN-KIND CONT	TRIBUTIONS IN EXCE	SS OF \$300 [Sch	nedule B]	\$	0	\$ 0		
	IVED IN EXCESS OF	300 AND ALL C	URRENCY LOANS	\$	0	\$ 0		
[Schedule C]				\$	A I I I I I I I I I I I I I I I I I I I	\$		
6. SUB TOTAL			(ADD LINES 1 THRU 5)		2200	2200		
7. REFUND OF C	CONTRIBUTIONS [Adji	ustment Schedule	e] (-)	\$	0	\$ 0		
8. TOTAL CONT	BIBUTIONS			\$	2200	\$ 22 00		
				-	2200			
9. ADD FUNDS 1	TRANSFERRED FROM	1 PRIOR CAMPA		-	6	\$ 0		
10. TOTAL RECE	IPTS		(ADD LINE 8 + LINE 9)	\$	2200	\$ 2200		
TABLE II. EXPE	NDITURES	Core make consultant and a Marie		_				
1. DISBURSEM	ENTS - CAMPAIGN EX	(PENSES [Sched	dule 1(D)]	\$	0	\$ 1272.67		
2. DISBURSEM	ENTS - OTHER [Sched	fule 2(D)]		\$	0	\$ 0		
	ENTS - CONTRIBUTION - COMMITTEES (Sche		THER	\$	0	\$ 0		
4. CONTRIBUT	IONS MADE ON BEHA ount Schedules 1(D) ar	LF OF OTHERS		\$	0	\$		
5. IN-KIND CON	NTRIBUTIONS OF \$30	OR LESS (TAB	LE I, LINE 3)	\$	0	\$ 0		
6. IN-KIND CON	NTRIBUTIONS IN EXC	ESS OF \$300 (T	ABLE I, LINE 4)	\$	0	\$ &		
7. SUB TOTAL			(ADD LINES 1 THRU 6)	\$	Ö	\$ 1272.67		
8. REFUNDED	DISBURSEMENTS [Sc	hedule F]	(-)) \$	0	\$ 0		
9. TOTAL EXP	ENDITURES		(LINE 7 MINUS LINE 8)) \$	0	\$ 1272.67		

	Monetary Continuations in Excess of		
	CONTRIBUTOR NAME	EMPLOYER NAME	
			- 3 T
	CONTRIBUTOR ADDRESS	n J Turn EMPLOYER ADDRESS	pike
V	CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
ve V	108 Washington Are.	Po box	5042
Y	to a coastille son that	10 .507	
	Λ ι		1.1
- 2	Avon by the Sea		bridge NJ
	CHECK IF AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
	CHECK IF AGGREGATE AMOUNT CURRENCY (\$ 300		\$
	COCURATION	10/19/14	300
	Director	1011.11	000
	CONTRIBUTOR NAME	EMPLOYER NAME	
		D-14 A	huthority n=/ny
	Mark Quirk CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	10 110717 11-1119
	CONTRIBUTOR ADDRESS		0 4 04
	1000 live Rd.	1 / /	Path Plz
0	DI NT DAIR	1	rsey City NJ 67306
1	Belma 113 07019	ر عن	rsey (177 115 0 500
U	CHECK IF AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
	Belma NJ 07019 CHECK IF AGGREGATE AMOUNT CURRENCY S 300	1.1.	\$
		10/19/19	300
	occupation tolls Asent		
	CONTRIBUTOR NAME	EMPLOYER NAME	
_ 1	Owen Mc Carthy CONTRIBUTOR ADDRESS	2.	ilf
V	CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
Je Y	68 Morris Au	EWI LOTEIT ADDITIES	
~	08 11107715 PM		
	Marasqua nJ 08736 CHECKIF - AGGREGATE AMOUNT		
1	ICHECK IE LAGGREGATE AMOUNT	DATE(S) BECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
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3		10/17/14	/00
	OCCUPATION a trorney	10/(11.1	700
	CONTRIBUTOR NAME	EMPLOYER NAME	
		LIVII LOTEITIVAIVIL	
	James Smith CONTRIBUTOR ADDRESS		
į.		EMPLOYER ADDRESS	
Y	334 Danielle Dr.		
ed to			
<i>y</i>	Ocean NJ 07712		
	1/1/06 11.) () 1+16	t .	
	ICHECK IF LAGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
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	CHECK IF CURRENCY S 50		
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٧	CHECK IF CURRENCY S 50 OCCUPATION CHICA S 50 CONTRIBUTOR NAME John Ducey CONTRIBUTOR ADDRESS	10/9/19 EMPLOYER NAME	\$ 50
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pet	CHECK IF CURRENCY DISSON OCCUPATION CHICA CONTRIBUTOR NAME John Ducey CONTRIBUTOR ADDRESS 345 Herborts ville Rd.	10/9/19 EMPLOYER NAME	\$ 50
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	Monetary Contributions in Excess of	EMPLOYER NAME	
C	CONTRIBUTOR NAME	EMPLOTEN MAINL	
	William Finnegan		
-	CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
yed -	408 5x Ave		
Les -	908 5		
	Belma nJ 07719		
	Belma NJ 07719	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
	CHECK IF CURRENCY S		\$
	The second secon	10/19/14	50
C	occupation retired		
1	CONTRIBUTOR NAME	EMPLOYER NAME	
	Patrick Magovern		
-	CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
Y	(010 Cott Ave		
w -	010 0 10		
,	01 01 02210		
	Belma NJ 07719	IDATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
	CHECK IF CURRENCY S		C
		10/19/14	\$ 50
	occupation retired		
	CONTRIBUTOR NAME	EMPLOYER NAME	
			914 Main St.
\/	CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	011. 10: 4
ŭ	1244 Maple wood Rd		114 Main ST.
July 1	1290 11111000000000000000000000000000000	1	1
O	Belmar NJ	1	Belma NJ 07+19
	ISELMAY ITS LAGGREGATE AMOUN	T DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
	CHECK IF AGGREGATE AMOUN	15-11	\$
		10/11/14	50
	32207179	I WED NAME	
	CONTRIBUTOR NAME	EMPLOYER NAME	
	Michael Druz CONTRIBUTOR ADDRESS		
12	CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
Just	1211 16th Ave		
Y			
O	Belmar NJ 07719		
	CHECK IF AGGREGATE AMOUN	NT DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
	CURRENCY \$ 50		\$
	OCCUPATION 100 H = 1	10/9/14	50
	1271120	EMPLOYER NAME	
	CONTRIBUTOR NAME	LIVII EG I EI I I V III E	
	George Sullivan	EMPLOYER ADDRES	S
	CONTRIBUTOR ADDRESS	EMPLOTETIADDITEO	0
	503 and Ave		
July			
U	13 co alle 16 co al 113	DESCRIVED.	AMOUNT(S) RECEIVED THIS PERIOD
	CHECK IF _ AGGREGATE AMOU	NT DATE(S) RECEIVED	
	CURRENCY L \$ 50	10/19/14	\$ 50
	occupation retired	10/617	
	(COMPLETE THIS LINE FOR EVERY DAGE USER)	TOTAL, THIS PAGE	\$ 250
	(COMPLETE THIS LINE FOR EVERY PAGE USED)	**************************************	
	(OCME) ETE THIS LINE FOR LAST BACE USED)	GRAND TOTAL	\$
	(COMPLETE THIS LINE FOR LAST PAGE USED)	DENOMENTAL TOTOLOGICA	

r	CONTRIBUTOR NAME	EMPLOYER NAME	
		250 4250 St. 250 C.	
	Michael Alexander	EMPLOYER ADDRESS	
1	CONTRIBUTOR ADDRESS	EWITEGIETABBILEGG	
Jed !	20 maple L-		
1			
	Briell NJ 08730 ICHECK IF JAGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
	CHECK IF CURRENCY S \$ S	The same of the sa	\$
	occupation refired	10/19/14	50
	CONTRIBUTOR NAME,	EMPLOYER NAME	
	John Pagliarulo		
		EMPLOYER ADDRESS	
check	539 Central Ave		
Ores			
	Carlstadt no 07072		THE PERIOD
	LOUISON IS LAGGREGALE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
	CURRENCY S /OD	10/2/14	\$ 100
	occupation refined	1	,
	CONTRIBUTOR NAME	EMPLOYER NAME	
	Jeffrey Suarcz CONTRIBUTOR ADDRESS		
¥:	CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
rect	14 Long point Auc		
)	The same of the sa		
	Baquille NJ 08721 CHECK IF - AGGREGATE AMOUN	TIDATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
	CHECK IF AGGREGATE AMOUN		
		10/9/14	* 50
	renze	EMPLOYER NAME	
	CONTRIBUTOR NAME	EMPLOTENTAME	
	Thomas Moore CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	}
	2221 St 11 19	Lim 20 (2)	
nect	Mount Gleat OH 43338		
£.0		IT DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
	CHECK IF AGGREGATE AMOUN	10/9/14	\$ 150
	occupation refined	13/19/19	730
	CONTRIBUTOR NAME	EMPLOYER NAME	
	CONTRIBUTOR ADDRESS	EMPLOYER ADDRES	S
23	PO BOX 638		
· Jech	011		
N	0000	NIT DATE(S) DECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
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	OCCUPATION	10/19/14	200
	OCCUPATION		
	(COMPLETE THIS LINE FOR EVERY PAGE USED)	TOTAL, THIS PAGE	\$ 530
	TOTAL TELEVISION OF LOCAL ACT BACK LICEDA	GRAND TOTAL	\$
	(COMPLETE THIS LINE FOR LAST PAGE USED)	GRAND TOTAL	70

_	monotony observed the second of the second o		
(CONTRIBUTOR NAME	EMPLOYER NAME	
	Eduard Hunter		
_			
1	CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
V	PO BOX 1452		
hed -			
)	Jackson NJ 08525		
-	300.	DATE(E) DECEMED	AMOUNT(S) RECEIVED THIS PERIOD
	CHECK IF AGGREGATE AMOUNT CURRENCY \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
-	COLIDATION	1- he 111	\$ 50
1	retired	10/19/14	50
1	CONTRIBUTOR NAME	EMPLOYER NAME	
- 1	10000		1
-	Charles Gutch		
. 19	CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
0	27 Winthrop Pl.		
ded			
0	Hazlet NJ 07730		1
-	CHECK IF _ AGGREGATE AMOUNT	DATE(S) BECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
	CHECK IF AGGREGATE AMOUNT	DATE(S) NECEIVED	
-		10/9/14	\$ 50-
1	occupation refined	10/19/19	
	CONTRIBUTOR NAME	EMPLOYER NAME	
	4		
-	CONTRIBUTOR ADDRESS	LEADY OVER A DEDECA	
V		EMPLOYER ADDRESS	
1	117 Merida Dr.		
Y-			
	Back NJ		
-	CHECK IF _ AGGREGATE AMOUNT	DATE(S) BECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
	CURRENCY S 100		<u></u>
	COOLIDATION	10/19/14	\$ 100-
	refined	1-11	,
	CONTRIBUTOR NAME	EMPLOYER NAME	
	James Carrell	42001 100	de Township
1	James Carroll CONTRIBUTOR ADDRESS	EMPLOYED ADDRESS	OK JOOKSTUP
		EMPLOTER ADDRESS	Main St.
wet !	60 Fords Ave		11am 31-
1			11 10 10 10 10 10 10
'	Fords NJ 68863	WE	Egsto En Aprig Pos
	CHECK IF AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
	CURRENCY \$ 50		\$
	OCCUPATION	10/19/19	50
Ļ	council ma-		
	CONTRIBUTOR NAME	EMPLOYER NAME	
	Louis Hansen		
	CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	THE RESERVE OF THE PROPERTY OF
10	19 Oak Ter.		
du	1100. 141.	1	
•	N 1 1:1 12262		
	Nepture City 07753		
	CHECK IF AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
		10/19/14	\$ 50
	occupation refined	10/14/19	50
	ICOILCE		
			2-3
	(COMPLETE THIS LINE FOR EVERY PAGE USED) TO	TAL, THIS PAGE	\$ 300
	(COMPLETE THIS LINE FOR LAST PAGE USED) GF	RAND TOTAL	\$
	TO A COURT PRODUCTION OF THE PRODUCT	STREET, PROPERTY OF THE PROPER	

	Monetary Continuations in Except of	EMPLOYER NAME	
		EMPLOYER NAME	
	Master siere Construction		
1	Masterpiece Construction	EMPLOYER ADDRESS	
10	122 Maria And	EWIF LOTEN ADDITIESS	
Just -	127 Moris Au		
)	14		
	Manasqual NJ 08736 CHECK IF AGGREGATE AMOUNT CURRENCY D \$ 50		
-	CHECK IF AGGREGATE AMOUNT CURRENCY \$ 50	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
	CUBBENCY D IS 50		\$
10	DCCUPATION	10/12/14	50-
	SCOULATION	10/11/	
(CONTRIBUTOR NAME	EMPLOYER NAME	
	Sea- Darry	5	elf
1	CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
V		EWIFLOTEN ADDRESS	
dur -	107 Spinnacher Way		
0			
-	Nephra NJ		
-		DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
	CHECK IF AGGREGATE AMOUNT CURRENCY \$ 100		\$
-	2001 DATION	10/19/14	100
19	OCCUPATION political consultant	10/11/1-7	700
-	CONTRIBUTOR NAME	EMPLOYER NAME	And the second s
1	recording the production of the control of the cont	Ziii Zo i Zi i i i iii z	
_	Joseph Ballos CONTRIBUTOR ADDRESS		
yeu !	CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
re	8 High Point Rd.		
) [
	Lincoft NJ 07+38		
-		DATE(S) DECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
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-	The state of the s	10/19/14	\$ 50
	occupation retired	18/19/19	
	CONTRIBUTOR NAME	EMPLOYER NAME	
	A .	LIVII LOTEITIVAIVIL	
	Mobert Sugure		
~	CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
Jul !	283 18th Aur.		
] [A		
	Brick NJ 08724		
-		DATE(O) BEOEN(ED	TAMOUNE(O) DECEMENT THE PERIOD
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1	CURRENCY 4 50	· lal	\$
	occupation refined	10/14/14	20
	CONTRIBUTOR NAME	EMPLOYER NAME	
	03:00 20:00 1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (LIVII LOTER IVAIVIE	
,	William Ryan		
yur	CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
W	1000 Nie Rd.		
)			
2007	Belmar NJ 07+19		
		TDATE(C) DECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
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	COLUDATION	. / /	\$ 50
	OCCUPATION Best efforts	10/19/17	50
		NWA 1 - WILLIA WA 5	2 stock
	(COMPLETE THIS LINE FOR EVERY PAGE USED)	OTAL, THIS PAGE	\$ 550
	(COMPLETE THIS LINE FOR LAST PAGE USED) G	RAND TOTAL	\$ 2200
			Market and the second s

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

LENDER NAME		EMPLOYER NAI	ME	
LENDER ADDRESS		EMPLOYER AD	DRES	S
		Alexandra (Company)		
OCCUPATION				
CO-SIGNER NAME		EMPLOYER NA	ME	(6.1
CO-SIGNER ADDRESS		EMPLOYER AD	DRES	SS
OCCUPATION		\$ \$	ECEIV	ED THIS PERIOD
DATE(S) RECEIVED	AGGREGATE AMO	UNT		CHECK IF CURRENCY
LENDER NAME		EMPLOYER N	ME	
LENDER ADDRESS		EMPLOYER AL	DDRE	SS
OCCUPATION			- 1940)	
CO-SIGNER NAME		EMPLOYER N.	AME	
CO-SIGNER ADDRESS		EMPLOYER A	DDRE	ess
OCCUPATION		\$	RECEI	VED THIS PERIOD
DATE(S) RECEIVED	AGGREGATE AMO	DUNT		CHECK IF CURRENCY
TOTAL AMOUNT OF LOANS RECEIVED	THIS REPORT PERI	OD	\$	

ADJUSTMENT SCHEDULE

Refund of Contributions

(COMPLETE THIS LINE FOR EVERY PAGE USED) TOTAL, THIS PAGE \$	AYMENT DATE	CHECK NO.	F	PAYEE NAME AND A	DDRESS	F	REFUNDED AMOUNT
(COMPLETE THIS LINE FOR EVERY PAGE USED) TOTAL, THIS PAGE \$							\$
	(COMPLETE THIS	S LINE FOR EVERY P	AGE USED)	TOTAL, THIS I	PAGE	\$	

SCHEDULE 1(D) - DISBURSEMENTS
Campaign Expenses

			- 10 2	7/2013
PRO-RATA AMOUNT OTHERS	6	\$	€	FORM R-1 Revised 03/07/2013
PRO-RATA AMOUNT THIS REPORTING FNTTY	6	€	€	
FULL AMOUNT	€			
OSE		\$	8	
PURPOSE			TOTAL, THIS PAGE	GRAND TOTAL
PAYEE NAME AND ADDRESS			usebl	ŚED)
PAYEE NAM			(COMPLETE THIS LINE FOR EVERY PAGE USED)	(COMPLETE THIS LINE FOR LAST PAGE USED)
CHECK			THIS LINE FC	THIS LINE FO
PAYMENT			(COMPLETE	COMPLETE

SCHEDULE 2(D) - DISBURSEMENTS Other

_	No. of the last				
	PRO-RATA AMOUNT OTHERS	69	\$	€Э	
	PRO-RATA AMOUNT THIS REPORTING ENTITY	69	₩	↔	
	FULL AMOUNT	€9	()	₩	
	PURPOSE			TOTAL, THIS PAGE GRAND TOTAL	
	PAYEE NAME AND ADDRESS			(COMPLETE THIS LINE FOR EVERY PAGE USED)	(COMPLETE THIS LINE FOR LAST PAGE USED)
	CHECK NO.			HIS LINE FOF	HIS LINE TO
	PAYMENT DATE			(COMPLETE T	(COMPLETE I

FORM R-1 Revised 03/07/2013

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

AMOUNT						FORM R-1 Revised 03/07/2013
AMG	69	φ	÷.	% 8	<i>⇔</i>	FORM B.
ADDRESS		TOTAL, THIS PAGE		(±)		
RECIPIENT CANDIDATE/COMMITTEE		(GE USED)	COMPLETE THE FOLLOWING LINES FOR LAST PAGE USED:	SCHEDULE 3(D) GRAND TOTAL SCHEDULE 3(D) GRAND TOTAL COLLIMN FROM SCHEDULES 1(D) AND 2(D)	GRAND TOTAL OF CONTRIBUTIONS MADE TO AND ON BEHALF OF CANDIDATES/COMMITTEES	
CHECK NO.		(COMPLETE THIS LINE FOR EVERY PAGE USED)	FOLLOWING LINES F	GRAND TOTAL	TALA AMOUNI CITA	
PAYMENT DATE		(COMPLETE THIS I	COMPLETE THE	SCHEDULE 3(D) GRAND TOTAL	ADD THE "PRO-	

SCHEDULE E

Outstanding Obligations

Date(s)	Creditor's Name	Address	Description	Amount
				\$
			TOTAL OUTSTANDING OBLIGATIONS	

SCHEDULE F

Refunded Disbursements

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

SCHEDULE G Recipients of In-Kind Contributions

NAME OF RECIPIENT CANDIDATE	COMMITTEE					
MAILING ADDRESS						
OFFICE SOUGHT	ELECTION DISTRICT OR MUN	ELECTION DISTRICT OR MUNICIPALITY				
CHECK NUMBER	PAYMENT DATE	AMOUNT \$				
NAME OF RECIPIENT CANDIDATE	COMMITTEE					
MAILING ADDRESS						
OFFICE SOUGHT	ELECTION DISTRICT OR MUN	ELECTION DISTRICT OR MUNICIPALITY				
CHECK NUMBER	PAYMENT DATE	AMOUNT \$				
NAME OF RECIPIENT CANDIDAT	E/COMMITTEE					
MAILING ADDRESS						
OFFICE SOUGHT	ELECTION DISTRICT OR MU	ELECTION DISTRICT OR MUNICIPALITY				
CHECK NUMBER	PAYMENT DATE	AMOUNT \$				
NAME OF RECIPIENT CANDIDAT	E/COMMITTEE					
MAILING ADDRESS						
OFFICE SOUGHT	ELECTION DISTRICT OR MU	UNICIPALITY				
CHECK NUMBER	PAYMENT DATE	AMOUNT \$				
NAME OF RECIPIENT CANDIDA	TE/COMMITTEE					
MAILING ADDRESS						
OFFICE SOUGHT	ELECTION DISTRICT OR M	UNICIPALITY				
CHECK NUMBER	PAYMENT DATE	\$				

STATEMENT OF CAMPAIGN DEPOSITORY AND CAMPAIGN TREASURER						
Opening Balance, this re (Insert closing balance of last insert zero.)	eport t report, or, if this is the first report filed by th	is entity for this election,	\$ 227.33			
Funds Transferred from	Prior Campaign		\$ Ø			
Deposits (Include interest)			\$ 2200.00			
Disbursements (Include b	ank charges)		\$ 0			
Closing Balance, this Re	eport		\$ 2427-33			
Investors B	anh SITORY	Doherty &	NAME OF ACCOUNT			
24ale High						
Maureen D NAME OF TREASURER	ocherty		108490 092 TELEPHONE NUMBER (DAY)			
146 NOAL	Aur Fanuod NS ADDRESS OF TREAS	J 0707c				
Season of the se	CERTIFICAT					
	on this document are true, and that the re that if any of the statements are willfully fa	contribution amounts recei				
10/23/14	Matthe Dahat	11/10) <u> </u>			
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATU	RE (CANDIDATE)			
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATU	RE (CANDIDATE)			
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATU	RE (CANDIDATE)			
10/23/14	Marree- Dohrd,	_ Mau (Orby			
DATE	PRINT FULL NAME (TREASURER)	SIGNATUI	RE (FREASURER)			
Treasurers for Gubernatorial Enforcement Commission. C	and Legislative candidates are required to r heck here ☐ if you have completed the trair	eceive training with the New ning and enter your Treasure	Jersey Election Law er Training ID#			
	DECLARATION OF FI	NAL REPORT				
	applicable Declaration below as well as Cer					
I certify that all contribution	ons or other monies received by this election	fund have been disbursed,	that there are no outstanding			
loans or other obligations	s, and that the election fund has wound up it	s business and has been dis	ssolved.			
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATU	IRE (CANDIDATE)			
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATU	IRE (CANDIDATE)			
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATU	IRE (CANDIDATE)			
DATE	PRINT FULL NAME (TREASURER)	SIGNATU	RE (TREASURER)			

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