

FORM R-1		REPORT OF CONTRIBUTIONS AND EXPENDITURES		REPORT (CHECK ONE):	
<b>NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION</b> 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				<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, _____	
CANDIDATE OR COMMITTEE NAME <i>Election fund of Doherty and Brennan</i>				Amendment Yes <input type="checkbox"/> No <input type="checkbox"/>  <b>For State Use Only</b>	
STREET ADDRESS <i>112 Inlet Terr.</i>					
CITY <i>Belmar</i>	STATE <i>NJ</i>	ZIP CODE <i>07719</i>			
COUNTY <i>Monmouth</i>	ELECTION DISTRICT OR MUNICIPALITY <i>Belmar</i>				
POLITICAL PARTY, IF ANY <i>Democrat</i>		OFFICE SOUGHT <i>Council / Mayor</i>			
ELECTION DATE <i>11/4/14</i>	ELECTION TYPE (CHECK ONE)		<input type="checkbox"/> PRIMARY <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> MAY MUNICIPAL RUN-OFF <input type="checkbox"/> SCHOOL <input type="checkbox"/> FIRE DISTRICT <input type="checkbox"/> SPECIAL		
<b>SUMMARY TABLES</b> DO NOT ATTEMPT TO COMPLETE TABLES I AND II UNTIL APPROPRIATE SCHEDULES HAVE BEEN COMPLETED					
<b>TABLE I. RECEIPTS</b>			THIS REPORT	CUMULATIVE TO DATE	
1. MONETARY CONTRIBUTIONS / LOANS OF \$300 OR LESS			\$ 3700	\$ 3700	
2. MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]			\$ 2850	\$ 2850	
3. IN-KIND CONTRIBUTIONS OF \$300 OR LESS			\$ 0	\$ 0	
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	\$ 0	
6. SUB TOTAL (ADD LINES 1 THRU 5)			\$ 6550	\$ 6550	
7. REFUND OF CONTRIBUTIONS [Adjustment Schedule] (-)			\$ 0	\$ 0	
8. TOTAL CONTRIBUTIONS			\$ 0	\$ 0	
9. ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)			\$ 0	\$ 10424.10	
10. TOTAL RECEIPTS (ADD LINE 8 + LINE 9)			\$ 6550	\$ 16,974.10	
<b>TABLE II. EXPENDITURES</b>					
1. DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]			\$ 3337.93	\$ 5,537.93	
2. DISBURSEMENTS - OTHER [Schedule 2(D)]			\$ 0	\$ 0	
3. DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]			\$ 0	\$ 3500 -	
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)			\$ 3,337.93	\$ 9,037.93	
8. REFUNDED DISBURSEMENTS [Schedule F] (-)			\$ 0	\$ 0	
9. TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)			\$ 3,337.93	\$ 9,037.93	



# SCHEDULE A

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

check

CONTRIBUTOR NAME Nancy Wolf		EMPLOYER NAME State of New Jersey	
CONTRIBUTOR ADDRESS 126 Columbia St.		EMPLOYER ADDRESS	
Highland Park NJ 08904		Trenton NJ	
CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 50.	DATE(S) RECEIVED 10/15/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 50.00
OCCUPATION			

check

CONTRIBUTOR NAME Edwin Cory		EMPLOYER NAME	
CONTRIBUTOR ADDRESS 1201 L. Street		EMPLOYER ADDRESS	
Belmar NJ 07719			
CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 100	DATE(S) RECEIVED 10/15/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 100
OCCUPATION retired			

check

CONTRIBUTOR NAME Thomas Brennan		EMPLOYER NAME Belmar	
CONTRIBUTOR ADDRESS 404 11th Ave		EMPLOYER ADDRESS Main St.	
Belmar NJ 07719		Belmar NJ	
CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 100	DATE(S) RECEIVED 10/15/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 100
OCCUPATION teacher			

check

CONTRIBUTOR NAME Clare Destoppelaire		EMPLOYER NAME	
CONTRIBUTOR ADDRESS 205 10th Ave		EMPLOYER ADDRESS	
Belmar NJ 07719			
CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 50	DATE(S) RECEIVED 10/15/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 50
OCCUPATION retired			

check

CONTRIBUTOR NAME Thomas Wilton		EMPLOYER NAME	
CONTRIBUTOR ADDRESS 215 17th Ave		EMPLOYER ADDRESS	
Belmar NJ 07719			
CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 50	DATE(S) RECEIVED 10/15/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 50
OCCUPATION retired			

(COMPLETE THIS LINE FOR EVERY PAGE USED)

TOTAL, THIS PAGE

\$ ~~300~~ 350

(COMPLETE THIS LINE FOR LAST PAGE USED)

GRAND TOTAL

\$

# SCHEDULE A

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

check

CONTRIBUTOR NAME John Hutchinson			EMPLOYER NAME	
CONTRIBUTOR ADDRESS 519- 6 <sup>th</sup> Ave			EMPLOYER ADDRESS	
Belmar NJ 07719				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 200	DATE(S) RECEIVED 10/15/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 200
OCCUPATION retired				

check

CONTRIBUTOR NAME Francina Wilton			EMPLOYER NAME	
CONTRIBUTOR ADDRESS 215 17 <sup>th</sup> Ave			EMPLOYER ADDRESS	
Belmar NJ 07719				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 50	DATE(S) RECEIVED 10/15/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 50
OCCUPATION retired				

check

CONTRIBUTOR NAME Carolann Mc Menemy			EMPLOYER NAME self	
CONTRIBUTOR ADDRESS 1330 State Rt. 71			EMPLOYER ADDRESS same as home	
Belmar NJ 07719				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 50	DATE(S) RECEIVED 10/15/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 50.00
OCCUPATION nurse				

check

CONTRIBUTOR NAME Mary Ann Furey			EMPLOYER NAME	
CONTRIBUTOR ADDRESS 601 8 <sup>th</sup> Ave			EMPLOYER ADDRESS	
Belmar NJ 07719				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 100	DATE(S) RECEIVED 10/15/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 100
OCCUPATION retired				

check

CONTRIBUTOR NAME Wayne Blanchard			EMPLOYER NAME State of New Jersey	
CONTRIBUTOR ADDRESS 1330 Route 71 Unit 11B			EMPLOYER ADDRESS PO Box 7068	
Belmar NJ 07717			West Trenton NJ 08628	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 50	DATE(S) RECEIVED 10/15/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 50
OCCUPATION state trooper				

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TOTAL, THIS PAGE

\$ 450

(COMPLETE THIS LINE FOR LAST PAGE USED)

GRAND TOTAL

\$



# SCHEDULE A

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

check

CONTRIBUTOR NAME Joseph Giambrone			EMPLOYER NAME	
CONTRIBUTOR ADDRESS 784 Tunney Point Dr.			EMPLOYER ADDRESS	
Toms River NJ 08753				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 200	DATE(S) RECEIVED 10/15/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 200-
OCCUPATION retired				

check

CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS Harry Aschoff			EMPLOYER ADDRESS	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 100	DATE(S) RECEIVED 10/15/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 100-
OCCUPATION retired				

check

CONTRIBUTOR NAME Janis Keown-Blackburn			EMPLOYER NAME Belmar	
CONTRIBUTOR ADDRESS 106 River Ct.			EMPLOYER ADDRESS Main St.	
Belmar NJ			Belmar NJ	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 200	DATE(S) RECEIVED 10/15/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 200
OCCUPATION Councilwoman Belmar				

check

CONTRIBUTOR NAME Edward Windas			EMPLOYER NAME Middlesex County Improvement Auth.	
CONTRIBUTOR ADDRESS 416 2nd Ave			EMPLOYER ADDRESS 55 Edgboro Rd.	
Belmar NJ 07719			East Brunswick NJ 08814	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 100	DATE(S) RECEIVED 10/15/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 100
OCCUPATION Director				

check

CONTRIBUTOR NAME Victor Masi			EMPLOYER NAME self	
CONTRIBUTOR ADDRESS 112 20th Ave			EMPLOYER ADDRESS 376 Court St	
Belmar NJ 07719			Brooklyn NJ 11231	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 500	DATE(S) RECEIVED 10/15/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 500-
OCCUPATION Chiropractor				

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TOTAL, THIS PAGE

\$ 1100

(COMPLETE THIS LINE FOR LAST PAGE USED)

GRAND TOTAL

\$

# SCHEDULE A

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

check

check

check

check

check

CONTRIBUTOR NAME Chris Romanzo		EMPLOYER NAME Self	
CONTRIBUTOR ADDRESS 100 10 <sup>th</sup> Ave		EMPLOYER ADDRESS Same as home	
Belmar NJ 07717			
CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 100	DATE(S) RECEIVED 10/15/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 100 -
OCCUPATION sales			
CONTRIBUTOR NAME Michael Druz		EMPLOYER NAME	
CONTRIBUTOR ADDRESS 1211 16 <sup>th</sup> Ave		EMPLOYER ADDRESS	
Belmar NJ 07719			
CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 50	DATE(S) RECEIVED 10/15/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 50 -
OCCUPATION retired			
CONTRIBUTOR NAME Frank Cinelli		EMPLOYER NAME	
CONTRIBUTOR ADDRESS 1902 Ocean Ave		EMPLOYER ADDRESS	
Belmar NJ 07719			
CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 300	DATE(S) RECEIVED 10/15/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 300 -
OCCUPATION retired			
CONTRIBUTOR NAME DRS Group of NJ		EMPLOYER NAME	
CONTRIBUTOR ADDRESS Best efforts.		EMPLOYER ADDRESS	
CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 200	DATE(S) RECEIVED 10/15/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 200 -
OCCUPATION			
CONTRIBUTOR NAME Stephen Gerard		EMPLOYER NAME	
CONTRIBUTOR ADDRESS 1907 Ocean Ave		EMPLOYER ADDRESS	
Belmar NJ 07719			
CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 100	DATE(S) RECEIVED 10/15/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 100 -
OCCUPATION retired			
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	\$ 750
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$



# SCHEDULE A

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

check

check

check

check

check

CONTRIBUTOR NAME Charles Weidel		EMPLOYER NAME	
CONTRIBUTOR ADDRESS 2111 Hunter Hill Ct.		EMPLOYER ADDRESS	
Wall Township 07719			
CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 200	DATE(S) RECEIVED 10/15/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 200
OCCUPATION retired			
CONTRIBUTOR NAME Paul Spennrath		EMPLOYER NAME	
CONTRIBUTOR ADDRESS 300 Eighth Ave.		EMPLOYER ADDRESS	
Belmar NJ 07717			
CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 100	DATE(S) RECEIVED 10/15/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 100
OCCUPATION retired			
CONTRIBUTOR NAME Stephen Gallo		EMPLOYER NAME Keyport Township	
CONTRIBUTOR ADDRESS 45 Trash Ave		EMPLOYER ADDRESS 70 West Front St	
Bayonne NJ		Keyport NJ 07735	
CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 500	DATE(S) RECEIVED 10/15/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 500
OCCUPATION Business Admin.			
CONTRIBUTOR NAME Jennifer Nicolay		EMPLOYER NAME Boro of Belmar	
CONTRIBUTOR ADDRESS 316 4th Ave		EMPLOYER ADDRESS Main St.	
Belmar NJ		Belmar NJ	
CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 350	DATE(S) RECEIVED 10/15/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 350-
OCCUPATION council woman			
CONTRIBUTOR NAME John Wische		EMPLOYER NAME	
CONTRIBUTOR ADDRESS 1814 B St.		EMPLOYER ADDRESS	
Belmar 07719			
CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 200	DATE(S) RECEIVED 10/15/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 200-
OCCUPATION retired			
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	\$ 1350
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$



# SCHEDULE A

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

check

CONTRIBUTOR NAME Loretta Keller			EMPLOYER NAME	
CONTRIBUTOR ADDRESS 710 8th Ave			EMPLOYER ADDRESS	
Belmar NJ 07719				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 50	DATE(S) RECEIVED 10/15/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 50
OCCUPATION retired				

check

CONTRIBUTOR NAME Samuel Kaye			EMPLOYER NAME	
CONTRIBUTOR ADDRESS 414 7th Ave			EMPLOYER ADDRESS	
Belmar NJ 07719				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 50	DATE(S) RECEIVED 10/15/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 50
OCCUPATION retired				

check

CONTRIBUTOR NAME Ann Collins			EMPLOYER NAME	
CONTRIBUTOR ADDRESS 414 4th Ave			EMPLOYER ADDRESS	
Belmar NJ				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 50	DATE(S) RECEIVED 10/15/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 50
OCCUPATION retired				

check

CONTRIBUTOR NAME Steven Rubin			EMPLOYER NAME	
CONTRIBUTOR ADDRESS 25 Forest Dr.			EMPLOYER ADDRESS	
Succasunna NJ 07876				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 100	DATE(S) RECEIVED 10/15/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 100 -
OCCUPATION retired				

check

CONTRIBUTOR NAME Paul Bontempo			EMPLOYER NAME MBI Gluck Shaw	
CONTRIBUTOR ADDRESS 8 Carla Ct.			EMPLOYER ADDRESS 212 West State St.	
Morris town NJ 07960			Trenton NJ 08608	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 150	DATE(S) RECEIVED 10/15/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 150
OCCUPATION lobbyist				

(COMPLETE THIS LINE FOR EVERY PAGE USED)

TOTAL, THIS PAGE

\$ 400

(COMPLETE THIS LINE FOR LAST PAGE USED)

GRAND TOTAL

\$



# SCHEDULE A

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

CONTRIBUTOR NAME <b>Amalia Papi</b>			EMPLOYER NAME <b>Self</b>	
CONTRIBUTOR ADDRESS <b>47 Patton Dr.</b>			EMPLOYER ADDRESS <b>same as home.</b>	
OCCUPATION <b>lobbyist</b>			DATE(S) RECEIVED <b>10/15/14</b>	AMOUNT(S) RECEIVED THIS PERIOD <b>\$ 150</b>
CHECK IF CURRENCY <input type="checkbox"/> AGGREGATE AMOUNT <b>\$ 150</b>				
CONTRIBUTOR NAME <b>Brendan Read</b>			EMPLOYER NAME <b>Self</b>	
CONTRIBUTOR ADDRESS <b>100 9th Ave Apt 2C3</b>			EMPLOYER ADDRESS <b>Same as home</b>	
OCCUPATION <b>Self / media consultant</b>			DATE(S) RECEIVED <b>10/15/14</b>	AMOUNT(S) RECEIVED THIS PERIOD <b>\$ 50</b>
CHECK IF CURRENCY <input type="checkbox"/> AGGREGATE AMOUNT <b>\$ 50</b>				
CONTRIBUTOR NAME <b>Janet Grosshandler</b>			EMPLOYER NAME	
CONTRIBUTOR ADDRESS <b>PO Box 787</b>			EMPLOYER ADDRESS	
OCCUPATION <b>retired</b>			DATE(S) RECEIVED <b>10/15/14</b>	AMOUNT(S) RECEIVED THIS PERIOD <b>\$ 300</b>
CHECK IF CURRENCY <input type="checkbox"/> AGGREGATE AMOUNT <b>\$ 300</b>				
CONTRIBUTOR NAME <b>Brian MacGovern</b>			EMPLOYER NAME <b>Borough of Belmar</b>	
CONTRIBUTOR ADDRESS <b>207 S. Lake Ave</b>			EMPLOYER ADDRESS <b>Main St</b>	
OCCUPATION <b>Council man</b>			DATE(S) RECEIVED <b>10/15/14</b>	AMOUNT(S) RECEIVED THIS PERIOD <b>\$ 500</b>
CHECK IF CURRENCY <input type="checkbox"/> AGGREGATE AMOUNT <b>\$ 500</b>				
CONTRIBUTOR NAME <b>Nancy Murray</b>			EMPLOYER NAME <b>Borough of Belmar</b>	
CONTRIBUTOR ADDRESS <b>1311 L Street</b>			EMPLOYER ADDRESS <b>Main St.</b>	
OCCUPATION <b>clerk</b>			DATE(S) RECEIVED <b>10/15/14</b>	AMOUNT(S) RECEIVED THIS PERIOD <b>\$ 50</b>
CHECK IF CURRENCY <input type="checkbox"/> AGGREGATE AMOUNT <b>\$ 50</b>				
CONTRIBUTOR NAME <b>Belmar NJ 07719</b>			EMPLOYER NAME <b>Belmar NJ</b>	
CONTRIBUTOR ADDRESS <b>Belmar NJ 07719</b>			EMPLOYER ADDRESS <b>Belmar NJ</b>	
OCCUPATION <b>clerk</b>			DATE(S) RECEIVED <b>10/15/14</b>	AMOUNT(S) RECEIVED THIS PERIOD <b>\$ 50</b>
CHECK IF CURRENCY <input type="checkbox"/> AGGREGATE AMOUNT <b>\$ 50</b>				
(COMPLETE THIS LINE FOR EVERY PAGE USED)			TOTAL, THIS PAGE <b>\$ 1050</b>	
(COMPLETE THIS LINE FOR LAST PAGE USED)			GRAND TOTAL <b>\$</b>	



# SCHEDULE A

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

CONTRIBUTOR NAME <i>Lisa Dombrowski</i>			EMPLOYER NAME	
CONTRIBUTOR ADDRESS <i>372 Paritan St.</i>			EMPLOYER ADDRESS	
<i>South Amboy 08879</i>				
<input type="checkbox"/> CHECK IF CURRENCY <input type="checkbox"/> AGGREGATE AMOUNT \$ <i>500</i>			DATE(S) RECEIVED <i>10/15/14</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>500</i>
OCCUPATION <i>Best efforts</i>				
CONTRIBUTOR NAME <i>John Brennan</i>			EMPLOYER NAME <i>self</i>	
CONTRIBUTOR ADDRESS <i>43 Main St.</i>			EMPLOYER ADDRESS <i>same as home</i>	
<i>Avon by the Sea NJ 07719</i>				
<input type="checkbox"/> CHECK IF CURRENCY <input type="checkbox"/> AGGREGATE AMOUNT \$ <i>500</i>			DATE(S) RECEIVED <i>10/15/14</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>500</i>
OCCUPATION <i>Attorney</i>				
CONTRIBUTOR NAME <i>Inn at the Shore</i>			EMPLOYER NAME	
CONTRIBUTOR ADDRESS <i>301 4th Ave</i>			EMPLOYER ADDRESS	
<i>Belmar NJ 07719</i>				
<input type="checkbox"/> CHECK IF CURRENCY <input type="checkbox"/> AGGREGATE AMOUNT \$ <i>100</i>			DATE(S) RECEIVED <i>10/15/14</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>100</i>
OCCUPATION				
CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
<input type="checkbox"/> 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	
<input type="checkbox"/> 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	
			\$ <i>1100</i>	
			\$ <i>6550</i>	



**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	\$
(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	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		\$	



### Refund of Contributions

[illegible]



**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
10/10/14	1015	The Coast Str 13 Broad St. Manassqua NJ 08736	ad	\$ 817.63	\$ 817.63	\$ 0
10/10/14	1007	The Coast Str	ad	520.30	520.30	0
10/8/14	1006	Luis Pulido 1320 State St Unit 107 Belmar NJ 07714	political consulting	1,000	1000	0
10/18/14	1016			1,000	1000	0
(COMPLETE THIS LINE FOR EVERY PAGE USED)				TOTAL, THIS PAGE	\$ 3,337.93	\$
(COMPLETE THIS LINE FOR LAST PAGE USED)				GRAND TOTAL	\$ 3,337.93	\$

## Other

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

PAYMENT DATE	CHECK NO.	RECIPIENT CANDIDATE/COMMITTEE	ADDRESS	AMOUNT
<div style="text-align: center;"> <p>(COMPLETE THIS LINE FOR EVERY PAGE USED)</p> <p>COMPLETE THE FOLLOWING LINES FOR LAST PAGE USED:</p> <p>SCHEDULE 3(D) GRAND TOTAL</p> <p>ADD THE "PRO - RATA AMOUNT OTHERS" COLUMN FROM SCHEDULES 1(D) AND 2(D)</p> <p>GRAND TOTAL OF CONTRIBUTIONS MADE TO AND ON BEHALF OF CANDIDATES/COMMITTEES</p> </div>				<div style="text-align: right;">\$</div>
				<div style="text-align: right;">\$</div>
TOTAL, THIS PAGE				<div style="text-align: right;">\$</div>
<div style="text-align: right;">1. \$</div>				<div style="text-align: right;">2. \$</div>
<div style="text-align: right;">3. \$</div>				<div style="text-align: right;">3. \$</div>

**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 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.)

\$ 4724.10**Funds Transferred from Prior Campaign**\$ 0**Deposits** (Include interest)\$ 6550.00**Disbursements** (Include bank charges)\$ 3337.93**Closing Balance, this Report**\$ 7,936.17

Investors Saving EFO Doherty + Brennan  
NAME OF BANK OR DEPOSITORY NAME OF ACCOUNT  
910 NJ 7 Spring Lake Heights 07762  
ADDRESS OF BANK OR DEPOSITORY  
Maurcen Doherty 908-490-0192  
NAME OF TREASURER \*TELEPHONE NUMBER (DAY)  
146 North Ave Fanwood NJ 07023  
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.

10/23/14  
DATEMatthew Doherty  
PRINT FULL NAME (CANDIDATE)Mat  
SIGNATURE (CANDIDATE)10/23/14  
DATEThomas Brennan  
PRINT FULL NAME (CANDIDATE)Tho Brennan  
SIGNATURE (CANDIDATE)

DATE

PRINT FULL NAME (CANDIDATE)

SIGNATURE (CANDIDATE)

10/23/14  
DATEMaurcen Doherty  
PRINT FULL NAME (TREASURER)Mau Doh  
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)