

SINGLE CANDIDATE COMMITTEE - CERTIFICATE OF **ORGANIZATION AND DESIGNATION OF CAMPAIGN** TREASURER AND DEPOSITORY

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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/

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FOR	ST	ATE	USE	ONLY

PLEASE TYPE OR PRINT		
Candidate Name Matthew Donesty	·	
Candidate Committee Name Matthew Done to f Address (Number and Street, City, State, Zip Code) 112 In 16 *(Area) Day Telephone		
Address (Number and Street, City, State, Zip Code)	+ Terau Belmer no	07719
*(Area) Day Telephone +32 - (081-1300	*(Area) Evening Telephone	
County Legal Name of Election	District or Municipality OF Belman	
Flaction Date Political Party if any	Office Cought	Amendment
Election Type: (CHECK ONE) ☐ Primary ☐ General ☐ May Municipal ☐ Run-Off ☐	School ☐ Fire District ☐ Special	Amendment ☐ Yes ☐ No
CHAIRPERSON		
Name Matthew Donesty		
Mailing Address		
Mailing Address 112 In let Terau City Belma	State /V J	Zip Code
*(Area) Day Telephone	*(Area) Evening Telephone	
TREASURER		
Name Maureen Donny		
Maureen Donny Mailing Address 341 WOR AM		
City Scotch Pican, *(Area) Day Telephone GOS~ 490-0192	State Nゴ	Zip Code ロテロチレ
*(Area) Day Telephone $908 - 990 - 0192$	*(Area) Evening Telephone	
Resident Address		
City 21 M Sh S C DOSCA	State	Zip Code
DEPOSITORY INFORMATION		
Name of Bank or Depository		
Mailing Address Z426 Highway 34		
City Manas quan	State	Zip Code つどう3 Co
(Area) Day Telephone		
Account Name Dherty Do Mayor	Account Number 409 902 7	92
New Jersey Election Law Enforcement Commission "I save this field black if your telephone number is unlisted. Pursuant to N. I.S.A. 47:14-1.1. and		orm D-1 Revised: 02/05/201:

LIST THE NAME(S), MAILING ADDRESS(ES) AND TELEPHO SIGN CHECKS OR OTHERWISE MAKE TRANSACTIONS	ONE NUMBER(S) OF ANY PERSON(S) A	AUTHORIZED TO
Name Matthew Doherty		, .
Mailing Address 112 In Let Tora a		
City Belmer *(Area) Day Talaphana	State	Zip Code
*(Area) Day Telephone 732 - (281 - 1300	*(Area) Evening Telephone	10++
Name		
Maurcen Dohuty Mailing Address 3d1 Cook Au		
City () I O()	State N J	Zip Code
City Switch Plans *(Area) Day Telephone GDS UGU 0192	*(Area) Evening Telephone	07719
Name 100 490 0192		
Mailing Address		
City	State	Zip Code
*(Area) Day Telephone	*(Area) Evening Telephone	
CANDIDATE C	ERTIFICATION	
I certify that the statements on this document are true. I further cert committee, establish, authorize the establishment of, maintain, or p	participate directly or indirectly in the manag	gement or control of any
political committee or continuing political committee. I am aware t punishment.	hat if any of the statements are willfully fa	lse, I may be subject to
DATE PRINT FULL NAME (CANDIDATE)	ty M	
DATE PRINT FULL NAME (CANDIDATE)	/ SIGNATURE (CANDIDATE)	
CHAIRPERSON/TREAS	URER CERTIFICATION	
I certify that the statements on this document are true. I am aware punishment.	that if any of the statements are willfully fa	alse, I may be subject to
DATE PRINT FULL NAME (CHAIRPERSON)	SIGNATURE (CHAIRPERSON)	
DATE Mauren Dohert PRINT FULL NAME (TREASURER)	Mau Out	
Treasurers for Gubernatorial and Legislative candidates are require Commission. Check here [] if you have completed the training and		ection Law Enforcement

Form D-1 Revised: 02/05/2013

New Jersey Election Law Enforcement Commission

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FORM R-1	REPORT		NTRIBUTI IDITURES	_	S AND		REPORT	-		E): .ECTION	
NEW JERS	SEY ELECTION LAY	V ENFOF	CEMENT C	-	MISSION			DAY PR			
(609) 2	P.O. Box 185, Tre 292-8700 or Toll Free \	Vithin NJ 1	-888-313-ELE	C (3	532)			DAY PC		ELECTION	
ÖANDIDATE ÖE Ö		ec.state.nj.i	IS					/ 15,			
	Donerty So	May	01					. 15,			
STREET ADDRESS	S , ,	2						15,			
CITY /	Inlet	STATE	ZIP CO	DE			Amendm			No L se Only	_
Belma	<u></u>	ルェ	0	+>				i Oi Gia	ire o	se Only	
COUNTY	nouth	ELECTIC	N DISTRICT (Belo		IUNICIPALITY 	,					
POLITICAL PARTY	Y, IF ANY	OFFICE S	SOUGHT								
Demo	ELECTION TYPE		Mayo		MAY MUNIC	ID A	<u> </u>	SCHOOL		SPECIA	
UB 3/14			GENERAL		RUN-OFF	IPA		FIRE DIS			\L
SUMMARY TAB	LES DO NOT ATTER					'IL					
TABLE I. RECEI							THIS REP	ORT	С	UMULATIVE TO)
1. MONETARY CO	ONTRIBUTIONS / LO	NS OF \$3	00 OR LESS			\$	300		\$	SDO	
	ONTRIBUTIONS IN EX NS [Schedule A]	(CESS OF	\$300 AND AL	L CU	JRRENCY	\$	Ö		\$	1000	
	RIBUTIONS OF \$300	OR LESS				\$	\mathcal{O}		\$	6	
4. IN-KIND CONT	RIBUTIONS IN EXCE	SS OF \$30	0 [Schedule B]		\$	Ó		\$	0	
5. LOANS RECEI'	VED IN EXCESS OF \$	300 AND /	ALL CURREN	CY L	OANS	\$	9		\$	0	
6. SUB TOTAL			(ADD	LINE	S 1 THRU 5)	\$	300	i 	\$	1500	
7. REFUND OF C	ONTRIBUTIONS [Adju	istment Sc	hedule]		(-)	\$	- -		\$	0	
8. TOTAL CONTR	RIBUTIONS					\$	อ		\$	0	
9. ADD FUNDS T	RANSFERRED FROM	PRIOR C	AMPAIGN		(+)	\$	0		\$	0	
10. TOTAL RECEI	PTS		(ADD	LIN	E 8 + LINE 9)	\$	300		\$	0	
TABLE II. EXPE	NDITURES										
1	ENTS - CAMPAIGN EX	_	Schedule 1(D))]		\$	1500)	\$	1500	
- F	NTS - OTHER [Sched NTS - CONTRIBUTIO	·	TO OTUCO			\$	ن		\$	0	
CANDIDATES	COMMITTEES [Schee	dule 3(D)]				\$	0		\$		
	ONS MADE ON BEHA unt Schedules 1(D) an		HERS			\$	0		\$	O	
5. IN-KIND CONT	TRIBUTIONS OF \$300	OR LESS	(TABLE I, LIN	IE 3)		\$	₹	>	\$	5	
6. IN-KIND CONT	TRIBUTIONS IN EXCE	SS OF \$3	00 (TABLE I, L	INE	4)	\$	\mathcal{C}		\$	KEO	
7. SUB TOTAL			(ADD	LINE	S 1 THRU 6)	\$	150	J	\$	1500	
8. REFUNDED D	ISBURSEMENTS [Sc	nedule F]			(-)	\$	0		\$		
9. TOTAL EXPE	NDITURES		(LINE	7 M	INUS LINE 8)	\$	150)	\$	0	

of a day was dated to the control of the control of

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

CONTRIBUTOR NAME	EMPLOYER NAME	
	EWIFLOTER NAME	η/Δ
Joseph Piztelanti CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	,,,-
1909 A St.	·	
Belmar NJ 07719		
CHECK IF AGGREGATE AMOUNT CURRENCY \$ 30	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD. \$
OCCUPATION retired	5/30/14	* 300
CONTRIBUTOR NAME	EMPLOYER NAME	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
CHECK IF AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
CURRENCY 🖵 💲	, ,	\$
OCCUPATION		
CONTRIBUTOR NAME	EMPLOYER NAME	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
CHECK IF AGGREGATE AMOUNT CURRENCY \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION		Ψ .
CONTRIBUTOR NAME	EMPLOYER NAME	
	•	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
CHECK IF AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
CURRENCY LJ \$		\$
OCCUPATION		
CONTRIBUTOR NAME	EMPLOYER NAME	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
CHECK IF AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
CURRENCY L \$	Į	\$
OCCUPATION		
(COMPLETE THIS LINE FOR EVERY PAGE USED) TO	TAL, THIS PAGE	\$ <u>3</u> 55
(COMPLETE THIS ENLY ON EVERT FAGE USED)	IAL, IIIIO FAGE	<u> </u>
(COMPLETE THIS LINE FOR LAST PAGE USED) GF	RAND TOTAL	\$ 355

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

CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	3
OCCUPATION	AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
DESCRIPTION OF IN-KIND CONTRIBU	JTION(S)	<u> </u>	
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	8
	AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
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DESCRIPTION OF IN-KIND CONTRIBU	TION(S)	\	
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OCCUPATION			
DESCRIPTION OF IN-KIND CONTRIBU	JTION(S)		
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRES	S
OCCUPATION	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RÉCEIVED THIS PERIOD \$
OCCUPATION	ITION(O)		
DESCRIPTION OF IN-KIND CONTRIBU	OHON(S)		
(COMPLETE THIS LINE FOR EVERY	PAGE USED) TO	TAL, THIS PAGE	\$.
(COMPLETE THIS LINE FOR LAST P	AGE USED) GF	RAND TOTAL	\$

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

LENDER NAME		EMPLOYER N	AME	
LENDER ADDRESS		EMPLOYER A	DDRE	SS
OCCUPATION				
				,
CO-SIGNER NAME	-··-	EMPLOYER N	AME	
CO-SIGNER ADDRESS		EMPLOYER A	DDRE	ESS
OCCUPATION	1/4	AMOUNT(S) F	RECEI	VED THIS PERIOD
The state of the s		\$		VEB THIS PARISO
DATE(S) RECEIVED	AGGREGATÈ AMOL			CHECK IE
DATE(O) NEOLIVED		2111		CHECK IF CURRENCY
	\$			L
LENDER NAME		EMPLOYER N	AME	
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OCCUPATION				s .
CO-SIGNER NAME		EMPLOYER N	IAME	
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CO-SIGNER ADDRESS		EMPLOYER A	DDRE	ESS
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				No.
OCCUPATION		AMOUNT(S) F	RECE	IVED THIS PERIOD
		\$		
DATE(S) RECEIVED	AGGREGATE AMOU	JNT		CHECK IF
	\$			CURRENCY [
	J			
TOTAL AMOUNT OF LOANS RECEIVED T	HIS REPORT PERIO	ם		
			\$	

ADJUSTMENT SCHEDULE

Refund of Contributions

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRE	SS REFUNDED AMOUNT
1	LINE FOR EVERY PA		\$ \$

SCHEDULE 1(D) - DISBURSEMENTS Campaign Expenses

PRO-RATA AMOUNT OTHERS	ν	()	₩	FORM R-1 Revised 03/07/2013
PRO-RATA AMOUNT THIS REPORTING ENTITY	€	\$ /250	θ	
FULL AMOUNT	& S			
PURPOSE	3 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	()	₩	
PU	thus be sured a sured as a sured	ATOT	GRAND TOTAL	9
PAYEE NAME AND ADDRESS	Dohetz Li Mazor 112 Inkt Terr Belmo nJ	i i	s e t.) ED)	
PAYEE NAN	Bonet. 32 Imc		(COMPLETE THIS LINE FOR LAST PAGE USED)	nission
CHECK NO.	£ 2	OL DIN 1 GI	IS LINE FO	inforcement Comm
PAYMENT DATE	6 18/14		(COMPLETE TH	New Jersey Election Law Enforcement Commission

SCHEDULE 2(D) - DISBURSEMENTS
Other

PAYMENT CHECK DATE NO.	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
			₩	69	Ф
COMPLETE TURN INE	COMBIETE THIS INE EOD EVEDY DAGE LIGEDA	TOTAL THIS BACE	₩	9	€
(COMPLETE THIS LINE FOR LAST PAGE USED)	OR LAST PAGE USED)	GRAND TOTAL	€	₩	₩.
		•			

FORM R-1 Revised 03/07/2013

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

PAYMENT DATE	CHECK NO.	RECIPIENT CANDIDATE/COMMITTEE	ADDHESS	AMOUNT
·				en e
(COMPLETE THIS LINE FOR EVERY PAGE USED)	NE FOR EVERY PAG	JE USED)	TOTAL, THIS PAGE	Ө
COMPLETE THE FOLLOWING L	OLLOWING LINES FC	COMPLETE THE FOLLOWING LINES FOR LAST PAGE USED;		. \$
ADD THE "PRO - RA	ATA AMOUNT OTHE!	ADD THE "PRO - RATA AMOUNT OTHERS" COLUMN FROM SCHEDULES 1(D) AND 2(D)	(+)	⇔ αί
GRAND TOTAL OF	CONTRIBUTIONS M.	GRAIND TOTAL OF CONTRIBUTIONS MADE TO AND ON BEHALF OF CANDIDATES/COMMITTEES		မာ ဗာ

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FORM R-1 Revised 03/07/2013

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 G Recipients of In-Kind Contributions

NAME OF RECIPIENT CANDIDATE/COMMI	TTEE	
\		
MARINO ADDETES		
MAILING ADDRESS		
Ì		
OFFICE SOUGHT \	ELECTION DISTRICT OR MUNICIPALITY	
\\		
CHECK NUMBER	PAYMENT DATE	AMOUNT
³ 2 ₄	<u> </u>	\$
NAME OF RECIPIENT CANDIDATE/COMMI	TTEE	
MAILING ADDRESS		
\		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT
on Earth and En		\$
NAME OF RECIPIENT CANDIDATE/COMMI	I TEE	<u> </u>
NAME OF RECOMMO	TILE	
·		
MAILING ADDRESS		
OFFICE SOUGHT	TELECTION DISTRICT OF MUNICIPAL ETV	
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT
		\$
NAME OF RECIPIENT CANDIDATE/COMMI	TTEE	
MAILING ADDRESS		
MAILING ADDRESS	`	
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	MUOMA
STATE OF THE WIND LITE	ATMENT DATE	
		\$
NAME OF RECIPIENT CANDIDATE/COMMI	TTEE	
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DIPERIOT OF AUGUSTA	
TOTAL DE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT
	1	
		\$

STATEM	IENT OF CAMPAIGN DEPOSITORY	AND CAMPAIGN TREASURER
Opening Balance, this (Insert closing balance of insert zero.)	s report last report, or, if this is the first report filed by this e	entity for this election, $\frac{1}{5}$
Funds Transferred fro	om Prior Campaign	<u>\$</u>
Deposits (Include intere	sst)	<u>s 300</u>
Disbursements (Includ	e bank charges)	<u>* /500</u>
Closing Balance, this	Report	\$ P
NAME OF BANK OR DE	Bank	Doherty Ly Mayor
NAME OF BANK OR DEI		TO THE OF MOCOCIAT
Marcen T NAME OF TREASURER		OSITORY 908-490 0192
NAME OF TREASURER		*TELEPHONE NUMBER (DAY)
	ADDRESS OF TREASU	RER
	CERTIFICATION	N
I certify that the stateme designated by law. I am a	nts on this document are true, and that the cor ware that if any of the statements are willfully false	ntribution amounts received conform with the limitation e, I may be subject to punishment.
4/20/14	Matthew Dohesty PRINT FULL NAME (CANDIDATE)	Me
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
4/20/14	Mauren Doherty	Main Dohot
'DATE	PRINT FULL NAME (TREASURER)	SIGNATURE (TREASURER)
Treasurers for Gubernator Enforcement Commission	rial and Legislative candidates are required to rece . Check here if you have completed the training	eive training with the New Jersey Election Law g and enter your Treasurer Training ID#
	DECLARATION OF FINA	L REPORT
If this is the final report, signal that all filing entities contin	gn applicable Declaration below as well as Certifica nue to file reports with the Commission until all cam	eation above. Chapter 65 of the Laws of 1993 requires appaign business is wound up and the fund is dissolved.
Certify that all contrib		nd have been disbursed, that there are no outstanding
		1 1.
(0/20/14 DATE	Matther Dohut, PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
57112	CHARLE OLL MAME (CANDIDATE)	GIGNATORIE (CANDIDATE)
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
6/20/14	Maurier Dolute	Marie Arl
DATE	PRINT FULL NAME (TREASURER)	SIGNATURE (TREASURER)

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