1							
	FORM R-1		F CONTRIBUTIONS AND XPENDITURES	REPORT (CHECK ONE): 29 - DAY PRE-ELECTION		· ·	
	NEW JERS	NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION			E-ELECTION		
	P.O. Box 185, Trenton, NJ 08625-0185 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532)				20 - DAY POST-ELECTION		
					Apr. 15,		
	CANDIDATE OR COMMITTEE NAME				July 15,		
	Election		Wherty & Brennan		Oct. 15, Jan. 15,		
	STREET ADDRES	S		ᅳ			
		Inlet Ter		Ame	Amendment Yes No No		
三 6-32	CITY Beln		TATE ZIP CODE カコ の子刊9		For State Use Only		
	COUNTY		LECTION DISTRICT OR MUNICIPALITY				
	Monm		Belmar				
	POLITICAL PARTY		FFICE SOUGHT				
	Democ ELECTION DATE		council / Mayor				
	LLEOTION DATE	(CHECK ONE)	PRIMARY MAY MUNIC	IPAL [SCHOOL FIRE DIS		
	SUMMARY TAB		TTO COMPLETE TABLES I AND II UNT CHEDULES HAVE BEEN COMPLETED	iL			
	TABLE I. RECEI	PTS		THIS	REPORT	CUMULATIVE TO DATE	
	1. MONETARY C	ONTRIBUTIONS / LOANS	OF \$300 OR LESS	\$ (0)	170	\$ (0570	
			ESS OF \$300 AND ALL CURRENCY		-30	\$ 3 730	
	CONTRIBUTIONS [Schedule A]			ψ	0	\$ 0	
	-			\$	<u>0</u>	\$ 0	
	· · · · •			\$	0	\$ 0	
	[Schedule C] 6. SUB TOTAL (ADD LINES 1 THRU 5)		<u> </u>	<u>U</u>	*		
			* 93	00	10300		
	7. REFUND OF C	ONTRIBUTIONS [Adjustr	nent Schedule] (-)	\$ -5	α	\$ 500	
•	8. TOTAL CONTR	RIBUTIONS		\$ 88	00	\$ 9800	
	9. ADD FUNDS T	RANSFERRED FROM PR	RIOR CAMPAIGN (+)	\$ <	2	\$ 0	
	10. TOTAL RECEI	PTS	(ADD LINE 8 + LINE 9)	\$ 88	00	\$ 9800	
	TABLE II. EXPE	NDITURES					
	1. DISBURSEME	NTS - CAMPAIGN EXPE	NSES [Schedule 1(D)]	\$ 40	90	\$ 490	
	2. DISBURSEME	NTS - OTHER [Schedule	2(D)]	\$	0	\$	
	DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]			\$	0	\$ &	
	4. CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)]			\$	0	\$	
			R LESS (TABLE I, LINE 3)	\$	0	\$ 0	
	6. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)		\$	O	\$ 0		
	7. SUB TOTAL		(ADD LINES 1 THRU 6)	\$ 40	70	\$ 490	
	8. REFUNDED D	ISBURSEMENTS [Sched	ule F] (-)	\$	0	\$ 6	
	9. TOTAL EXPE	NDITURES	(LINE 7 MINUS LINE 8)	\$ U.	(a.)	s 490	

[CONTRIBUTOR NAME	EMPLOYER NAME	
1	Lawrena Luttrell	Self	
	CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
	2137 Highway 35 3rd Ploor	Same as	address
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ţ	occupation attorney	5/15/14	° 150.00
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}	CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
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chech	Red Bank NJ 07701		
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	Beach Music Studios Inc.		
	CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
	808 Belmar Plaza		
hed	Belma no 07719		
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١.,	Joseph Giambrone	EMPLOYER ADDRESS	
check	784 Tunny Point Dr.		
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	Matthew Mannion	A16
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	Paul Spennrath CONTRIBUTOR ADDRESS	n/A
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en-likebith di	CHECK IF AGGREGATE AMOUNT CURRENCY 1 \$ /00	DATE(5) RECEIVED JAMC	JUNI(3) RECEIVED THIS PERIOD!
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4	CONTRIBUTOR NAME	EMPLOYER NAME
1	Tom Walters	Sweet Tease
1	CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS
ded f	706 10m Ave	150 Main St.
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•	Belmo No	Manasquan NJ 08734
ŀ	CHECK IF AGGREGATE AMOUNT	Manasquan NJ 08734 DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERIOD \$ 200
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i de care de c	Judith Rokoszak CONTRIBUTOR ADDRESS	Boot, Allen, Hamilton EMPLOYER ADDRESS
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Jude		
0.	Wall Town Ship NJ 07719	λγ λγ /
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i I	Robert Gilder sleeve	h/a
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[Michael Druz	sut
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ded	1211 Noth Ave	Same as home.
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	Patricia Hutchinson CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS
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	CONTRIBUTOR NAME	EMPLOYER NAME
	Michael O'Connell	Pringle Quinn Antano
	CONTRIBUTOR ADDRESS 1000 River Rd	
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	Kelli White Gallagher	Self
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	Thomas Brennan		of Below Education
	CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
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	Anthony Gallaster	IBEN L	ocal
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سام ا	1605 L St.	Po Box	256
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	CONTRIBUTOR NAME	EMPLOYER NAME	
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\ \rac{1}{2}	Maureen Ennis CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
\mathcal{O}	418 In Ave	Same	as how
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	Belmar NJ 07719		
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•	CONTRIBUTOR NAME,	EMPLOYER NAME	,
	Mike Hollemans	Passion	Group
	CONTRIBUTOR ADDRESS	POSSION EMPLOYER ADDRESS	· .
	lea Cookman Au	1000 0	ookman Avr
	Α	1 A 1	
	Asbury Park NO 07712	As bury	
	CHECK IE LAGGREGATE AMOUN	T DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
	CURRENCY \$ 50	5/8/14	\$ 50
	occupation event planner	3/0/19	30
			11-0
	(COMPLETE THIS LINE FOR EVERY PAGE USED) T	OTAL, THIS PAGE	\$ 400
	(OOMBLETE TIME LINE FOR LAST BACE HOER)	PAND TOTAL	¢
	(COMPLETE THIS LINE FOR LAST PAGE USED)	RAND TOTAL	Ф

Ī	CONTRIBUTOR NAME	EMPLOYER NAME	
l	Antonio Sabas	self	
i,	CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
	10 Fuller Pl	Same	as home
ned	Irvington NJ O7111		
Ī	CHECK IF _ AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
	CURRENCY (\$ 100) OCCUPATION Veseaches	5/8/14	\$ 100
Ī	CONTRIBUTOR NAME	EMPLOYER NAME	
	Owen MC Carthy CONTRIBUTOR ADDRESS	Connell	Foley
~	CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
196	88 Morris Ave	85 LIV	ingston Ave
dect	Manasava- NJ 08736	Roseland	nJ 07068
• 1	CHECK IF AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
		5/8/14	[\$
	occupation attorney	5/9/17	/00
· t	CONTRIBUTOR NAME	EMPLOYER NAME	/
	Janet Grosshandler]	n/A
	Janet Grosshandler CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
ded	PO BOX 787		
	Belmar NJ 07719		
	CHECK IF AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
	CURRENCY S 100	5/8/14	\$ 100
	OCCUPATION retired	310119	700
	CONTRIBUTOR NAME	EMPLOYER NAME	- /
	Mary Beehazon	Belmar	Tarism Bors of Belma
	Mary Brabazon CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	Tarism Boro of Belmo
, nect	1100 C St.	400	main St.
, no	Belmar NJ 07714		n J 07719
	. CHECK IF - AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
	CURRENCY U \$ /OO	5/8/14	\$ 100
	OCCUPATION TOURISM	31.11	768
	CONTRIBUTOR NAME	EMPLOYER NAME	
	Jimmy hamaris	Timon 15	Place
	CONTRIBUTOR ADDRESS	Jimmy's EMPLOYER ADDRESS	1144
ا	l h	804 0	Duan Ave
Jed			
Or	Belma NJ 07719	Belma	NJ 0771~
	CHECK IF AGGREGATE AMOUN	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
		11:	\$
	OCCUPATION Chef	5/1/14	200
٠	(COMPLETE THIS LINE FOR EVERY PAGE USED) TO	OTAL, THIS PAGE	\$ 900
	(COMPLETE THIS LINE FOR LAST PAGE USED) G	RAND TOTAL	\$

Г	CONTRIBUTOR NAME	EMPLOYER NAME	
	Andrew Adelman	Devotion V	lodka
}	CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
1	370 Goodwin Dr.	110 n. So	ah Coz Ave
Check	Sc. Bours CA 94066	Los Gab	os CA 95030
Ĭ	ICHECK IF LAGGREGATE AMOUNT		AMOUNT(S) RECEIVED THIS PERIOD
	OCCUPATION CEO	3/2/	\$ 200
	CONTRIBUTOR NAME	EMPLOYER NAME	
•	Jude Vome	lutges U	niverity - Busines Schol
	Judy Young CONTRIBUTOR ADDRESS	TEMPLOYER ADDRESS	
	303 gr An	1 Washington	Park 10 F1
hack !	Rolman NT 02219	Neach n	J 07102
	CHECK IF AGGREGATE AMOUNT CURRENCY \$ 100	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
	OCCUPATION education	5/8/14	\$ 100
	CONTRIBUTOR NAME	EMPLOYER NAME	
		SAP	
	CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
11	604 6th Am	33 Wood	Ave
chech			
	Belman MJ 07719 CHECK IF I AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
	CURRENCY U \$ 250	5/8/14	\$ 200
	OCCUPATION Seles	518114	000
	CONTRIBUTOR NAME	EMPLOYER NAME	
	Barbara Lyongo.	$ nl \rangle$	A
	CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	-
hed	1806 ASt.		
, -	Belma nJ 07719		
	I CHECK IF TAGGREGATE AMOUN	T DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
	CURRENCY S	5/8/14	\$ 50
	OCCUPATION retired	5101.7	30
	CONTRIBUTOR NAME	EMPLOYER NAME	
	Salon marsal		
	CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	5
check	708 10th Ave		
O, -	Belmar NJ 07719		
		T DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
		5/8/14	\$ 50-
	OCCUPATION	3+ °/' (
	(COMPLETE THIS LINE FOR EVERY PAGE USED) T	OTAL, THIS PAGE	\$ 600
		DAND TOTAL	*
	(COMPLETE THIS LINE FOR LAST PAGE USED)	RAND TOTAL	\$

ſ	CONTRIBUTOR NAME	EMPLOYER NAME	
	Brian Ma Govern	nlA	
	CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
ched [209 State Dr.		
	Belmar no 07719 CHECK IF _ LAGGREGATE AMOUNT	DATE(S) DECEMEN	AMOUNT(S) RECEIVED THIS PERIOD
ĺ	CHECK IF AGGREGATE AMOUNT CURRENCY \$ 250		¢ l
	OCCUPATION retired	5/8/14	* 250
Ì	CONTRIBUTOR NAME	EMPLOYER NAME	
ļ	Ton Machowan		ac bowan
	CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
check	925 Main St.	925	Main St.
<i>.</i>	Belma NJ 07719	Belma	~ no 07719
:	CHECK IF AGGREGATE AMOUNT CURRENCY \$ 50	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
		5/8/14	\$ 50
	reaction		
	CONTRIBUTOR NAME	EMPLOYER NAME) .
	CONTRIBUTORIADDRESS	Barter F EMPLOYER ADDRESS	ays
سام ،	9060 cean Av	2587 Roy	4, 9
cred	1000 Cean IV	7000	
	Belma NJ 07719	Hovell n	13 67731
	ICHECK IF AGGREGATE AMOUNT		AMOUNT(S) RECEIVED THIS PERIOD
	CURRENCY LI (\$ 50	5/8/14	\$
	OCCUPATION Director	5/0/19	\$
	CONTRIBUTOR NAME	EMPLOYER NAME	1.
	Patricia O'Keefe	i e	nlA
í	CONTRIBUTOR ADDRESS 211 NINTH AVE	EMPLOYER ADDRESS	
check	all Ninth Air		
•	Belmar NJ 07719	ļ	
	. ICHECK IF LAGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
	CURRENCY (\$ 100	5/8/14	\$
	occupation retired	3/0/17	100
	CONTRIBUTOR NAME	EMPLOYER NAME	n
	Suzanne Ahan	Suzann	Ana-
	CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	St
check	400 5T St	400 5	
U	Belma NJ OTTIA	Belma	NJ 07+19
			AMOUNT(S) RECEIVED THIS PERIOD
٠	CHECK IF AGGREGATE AMOUNT CURRENCY \$ /00		\$
	occupation artist	5/15/14	100
			. 550
	(COMPLETE THIS LINE FOR EVERY PAGE USED) TO	OTAL, THIS PAGE	\$ 330
	(COMPLETE THIS LINE FOR LAST PAGE USED) G	RAND TOTAL	· \$
	1		

SCHEDULE A

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

CONTRIBUTOR NAME

EMPLOYER NAME

	Self
Daniel Reilly CONTRIBUTOR ADDRESS 127 Morris Au	EMPLOYER ADDRESS
Managua NJ 08734	IT DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS P
CURRENCY \$ 200 OCCUPATION CONSULTER	5/15/14 \$ 200
CONTRIBUTOR NAME	EMPLOYER NAME
Christophir Russo CONTRIBUTOR ADDRESS FOr Main St. Stc 105	Exected Health + Wellness EMPLOYER ADDRESS FOI Main St.
Garbald NO 07+2x	Free hold no 07725
CHECK IF AGGREGATE AMOUN	TDATE(S) RECEIVED AMOUNT(S) RECEIVED THIS P
CONTRIBUTOR NAME	EMPLOYER NAME
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS
CURRENCY 📙 \$	NT DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS F
OCCUPATION	EMPLOYER NAME
CONTRIBUTOR NAME	EMPLOTEN NAME
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS
ICHECK IE LAGGREGATE AMOUI	NT DATE(S) RECEIVED IAMOUNT(S) RECEIVED THIS
CHECK IF AGGREGATE AMOUNT CURRENCY S	NT DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS \$
CURRENCY 📙 💲	1
CURRENCY L \$ OCCUPATION	\$
CURRENCY L \$ OCCUPATION CONTRIBUTOR NAME	EMPLOYER NAME
CONTRIBUTOR ADDRESS	EMPLOYER NAME
CURRENCY \$ OCCUPATION CONTRIBUTOR NAME CONTRIBUTOR ADDRESS CHECK IF AGGREGATE AMOU	EMPLOYER NAME EMPLOYER ADDRESS INT DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS
CURRENCY \$ OCCUPATION CONTRIBUTOR NAME CONTRIBUTOR ADDRESS CHECK IF AGGREGATE AMOU CURRENCY \$ OCCUPATION	EMPLOYER NAME EMPLOYER ADDRESS INT DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS

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

CONTRIBUTOR NAME		EMPLOYER NAME		
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	3	
	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$	
OCCUPATION				
DESCRIPTION OF IN-KIND CONT	RIBUTION(S)	·		
CONTRIBUTOR NAME		EMPLOYER NAME	,	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	S	
	AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$	
OCCUPATION	\		1	
DESCRIPTION OF IN-KIND CONT	RIBUTION(S)			
CONTRIBUTOR NAME		EMPLOYER NAME		
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS		
	<u> </u>			
	AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$	
OCCUPATION				
DESCRIPTION OF IN-KIND CONT	RIBUTION(S)	<u> </u>		
CONTRIBUTOR NAME		EMPLOYER NAME		
CONTRIBUTOR ADDRESS		EMPLOYER ADDRES	s	
	AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD	
OCCUPATION	I*	1	Ψ	
DESCRIPTION OF IN-KIND CONT	RIBUTION(S)	1	. I	
(COMPLETE THIS LINE FOR EV	ERY PAGE USED) TO	OTAL, THIS PAGE	\$	
(COMPLETE THIS LINE FOR LA	ST PAGE USED) G	RAND TOTAL	\$	
i				

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

LENDER NAME	-	EMPLOYER NAM	ΛE		
LENDER ADDRESS		EMPLOYER ADD	DRESS		
					
OCCUPATION		<u></u>			
CO-SIGNER NAME		EMPLOYER NAM			
00 0.02					
CO-SIGNER ADDRESS		EMPLOYER ADD	ORESS		
O OIGHE!!/IEE!	\		311203		
	$\overline{}$	_	· · · · · · · · · · · · · · · · · · ·		
OCCUPATION		1	CEIVED THIS PERIOD		
,		\$			
DATE(S) RECEIVED	AGGREGATE AMO	DUNT	CHECK IF CURRENCY		
	\$	\	05,111,211,01		
LENDER NAME		EMPLOYER NAM	ME		
LENDER ADDRESS		EMPLOYER ADDRESS			
			-		
OCCUPATION			\		
CO-SIGNER NAME		EMPLOYER NAT	ME ME		
CO-SIGNER ADDRESS		EMPLOYER ADI	DRESS		
<u> </u>					
COCURATION		AMOUNT(O) DE	OENTED THIS DEDICE		
OCCUPATION		1	CEIVED THIS PERIOD		
DATE(S) DECENTED	AGGREGATE AMO	\$ OLINT	Lousavis		
DATE(S) RECEIVED	AGGREGATE AM	JUNI	CHECK IF CURRENCY		
	\$				
TOTAL AMOUNT OF LOANS RECEIVED	THIS REPORT PER	IOD			
		l _s			

ADJUSTMENT SCHEDULE

Refund of Contributions

PAYMENT DATE	CHECK NO.		E AND ADDRESS		REFUNDED AMOUNT
5/15/14	1007	Arpado Inc. 807 Main st Belma nJ	O7714		\$ 500
(COMPLETE THIS	S LINE FOR EVERY P		., THIS PAGE	\$	500
(COMPLETE THIS	S LINE FOR LAST PA	GE USED) GRANI	D TOTAL	<u> </u>	500_

SCHEDULE 1(D) - DISBURSEMENTS Campaign Expenses

				Т
PRO-RATA AMOUNT OTHERS	₩	\$	\$	
PRO-RATA AMOUNT THIS REPORTING	\$ 140	%h \$	\$ (400)	, .
FULL AMOUNT	4	<i>490</i> ,	265	ا د د
PURPOSE	caterns such that the tenent	σ	TOTAL, I'HIS PAGE	GRAND TOTAL
PAYEE NAME AND ADDRESS	Mass Deli 705 Main st Belme no 07719		(COMPLETE THIS LINE FOR EVERY PAGE USED)	(OOM) ETE TUIS I NE EOD I AST DAGE (ISED)
CHECK NO.	<u>8</u>		AIS LINE FOR	TOUR LINE BOD
PAYMENT DATE	H51/5		(COMPLETE TH	THE TOTAL OF THE TANK

FORM R-1 Revised 03/07/2013

(COMPLETE THIS LINE FOR LAST PAGE USED)

SCHEDULE 2(D) - DISBURSEMENTS
Other

				٢
PRO-RATA AMOUNT OTHERS	€	\$	/ \$	
PRO-RATA AMOUNT THIS REPORTING ENTITY	6	√	()	
FULL AMOUNT	49	₩	₩	
PURPOSE			GRAND TOTAL	
PAYEE NAME AND ADDRESS			(COMPLETE THIS LINE FOR EVERY PAGE USED)	
CHECK NO.			IS LINE FOR	::
PAYMENT DATE			(COMPLETE TH	

FORM R-1 Revised 03/07/2013

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

AMOUNT	€	Ө	.	, oi	\$	
ADDRESS		TOTAL, THIS PAGE		€		2
RECIPIENT CANDIDATE/COMMITTEE		GE USED)	COMPLETE THE FOLLOWING LINES FOR LAST PAGE USED:	(C)S GNA (C)T ES 1(D) AND 2(D)	ADD THE THOUND AND TO CONTINUE COLOURS ON BEHALE OF CANDIDATES COMMITTEES	ואטב וט אועט טוע מבחאבר טר טאועטוטאן בטיטטוייייי י הבי
CHECK NO.		(COMPLETE THIS LINE FOR EVERY PAGE USED)	FOLLOWING LINES FC	SCHEDULE 3(D) GRAND TOTAL ADD THE "BED BATA AMOUNT OTHERS" COLUMN FROM		F CONTRIBUTIONS IN
PAYMENTOATE		(COMPLETE THIS I	COMPLETE THE I	SCHEDULE 3(D) GHAND TOTAL		GHAND IOIALO

FORM R-1 Revised 03/07/2013

SCHEDULE E

Outstanding Obligations

Date(s)	Creditor's Name	Address	Description	Amount
				\$
	<u> </u>			
			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/COMM	ITTEE	
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT
NAME OF RECIPIENT CANDIDATE/COMM	TTEE	/
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMM	ITTEE	
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMMI	TTEE	
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMM	ITTEE	
MAILING ADDRESS		······································
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	,
CHECK NUMBER	PAYMENT DATE	AMOUNT \$

STATEME	ENT OF CAMPAIGN DEPOSIT	ORY AND CAMPAIGN	TREASURER
Opening Balance, this (Insert closing balance of la insert zero.)	report ast report, or, if this is the first report filed b	y this entity for this election,	\$ 1000
Funds Transferred from	n Prior Campaign		s O
Deposits (Include interes	1)		\$ 8800
Disbursements (Include	bank charges)		s 490
Closing Balance, this F	Report		s 9310
Thuestors S	Saulngs OSITORY	EFO Doherty	& Brennan NAME OF ACCOUNT
910 NJ 7	Spring Lake He ADDRESS OF BANK O	ights NJ 03	7762
Maurcen J		90.	8 4900192
NAME OF TREASURER 321 COOL	Ave Scotch PlA	in No	TELEPHONE NUMBER (DAY)
<u> </u>		REASURER	
	CERTIFIC	ATION	
	ts on this document are true, and that it are that if any of the statements are willful Mathew Donerty PRINT FULL NAME (CANDIDATE PRINT FULL NAME (CANDIDATE)	ly false, I may be subject to pur SIGNATU	
DATE SALLY DATE	PRINT FULL NAME (CANDIDATE Maureen Do hert, PRINT FULL NAME (TREASUREE	- Mau Do SIGNATUI	RE (CANDIDATE) RE (TREASURER)
	al and Legislative candidates are required Check here		
	DECLARATION OF	FINAL REPORT	
that all filing entities continu	n applicable Declaration below as well as ue to file reports with the Commission unti itions or other monies received by this elec ns, and that the election fund has wound i	all campaign business is woun	d up and the fund is dissolved. that there are no outstanding
DATE	PRINT FULL NAME (CANDIDATE	SIGNATU	RE (CANDIDATE)
DATE	PRINT FULL NAME (CANDIDATE	SIGNATU	IRE (CANDIDATE)
DATE	PRINT FULL NAME (CANDIDATE	SIGNATU	IRE (CANDIDATE)
DATE	PRINT FULL NAME (TREASURE	R) SIGNATU	RE (TREASURER)

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- 10 m

FORM R-1	REPORT	OF CONTR		NS A	ND		REPORT (CHECK 29 - DAY PR	•	DN
NEW JERS	SEY ELECTION LAV			MMISS	ION		11 - DAY PRI	E-ELECTIO	N
	P.O. Box 185, Tre	nton, NJ 08625-	-0185				☐ 20 - DAY PO		ION
(609) 2	92-8700 or Toll Free W. www.ele	Vithin NJ 1-888-3 ec.state.nj.us	ತ ≀ ತ- ⊨LEC	J (ব হুবুই)			Apr. 15,		
CANDIDATE OR C	OMMITTEE NAME			<u> </u>			July 15, Oct. 15,		
	Doherty for Mayor					Jan. 15,			
STREET ADDRESS	s let Terrac						Amendment Yes		
CITY 4m	net lerrac	STATE	ZIP COD)E	The second second		10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	le Use On	
Belma		ทว		7719				es ses sil	• \$
COUNTY Mon mo		ELECTION DIS Be	STRICT OF	R MUNI	ICIPALITY	/			
POLITICAL PARTY	/, IF ĄNŶ	OFFICE SOUG	3HT	بسندك ونستانات	واختناها والأسوا				
Democ			70/	<u></u>	10) 10 th ann an de let ye.	<u>ت</u> ، ـــر. ۱۰۰		<u> </u>	
ELECTION DATE	ELECTION TYPE (CHECK ONE)	PRIMA GENE	pa	Programme	Y MUNIC IN-OFF	IPA	L SCHOOL FIRE DIS		SPECIAL
SUMMARY TABI	LES DO NOT ATTEM APPROPRIATE					IL			
TABLE I. RECEI	PTS						THIS REPORT	<u> </u>	ATIVE TO ATE
1	ONTRIBUTIONS / LOA	•				\$	0	\$ <i>2</i> అ	٠
	ONTRIBUTIONS IN EX NS [Schedule A]	(CESS OF \$300	AND ALL	L CURRI	ENCY	\$	0	\$ 15	000
3. IN-KIND CONT	3. IN-KIND CONTRIBUTIONS OF \$300 OR LESS			\$	O	ę ę	<i>O</i>		
4. IN-KIND CONT	RIBUTIONS IN EXCES	SS OF \$300 [Scl	hedule Bj			\$	O	\$	0
5. LOANS RECEI' [Schedule C]	VED IN EXCESS OF \$	300 AND ALL C	URRENC	Y LOAN	1S	\$	O		0
6. SUB TOTAL			(ADD L	LINES 1	THRU 5)	\$	ع ع	\$ 12	O O
7. REFUND OF C	ONTRIBUTIONS [Adju	ıstment Schedul	e]		(-)	69	O	φ	0
8. TOTAL CONTF	RIBUTIONS					\$	0	\$ 12	دد.
9. ADD FUNDS TI	RANSFERRED FROM	PRIOR CAMPA	VIGN		(∻)	\$	0	\$	0
10. TOTAL RECEI	PTS		(ADD I	LINE 8 +	+ LINE 9)	\$	0	\$ / 2	200
TABLE II. EXPE	NDITURES								
1. DISBURSEME	NTS - CAMPAIGN EX	PENSES [Sched	Jule 1(D)]			Ê	0	\$	Ø
4	NTS - OTHER [Schede				į	\$	0	\$	∞
DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]			\$	Ø	\$	O			
4. CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)]			\$	0	\$	Ó			
5. IN-KIND CONT	5. IN-KIND CONTRIBUTIONS OF \$300 OR LESS (TABLE I, LINE 3)			\$	0	\$	٥		
6. IN-KIND CONT	6. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)			\$	0	\$	0		
7. SUB TOTAL (ADD LINES 1 THRU 6)			\$	0	\$	ଚ			
8. REFUNDED D	8. REFUNDED DISBURSEMENTS [Schedule F] (-)			\$	0	\$ ()		
9. TOTAL EXPE	. TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)			\$	O	\$ <	5		

The contraction of the second
CONTRIBUTOR NAME	EMPLOYER NAME	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
CHECK IF AGGREGATE AMOUNT CURRENCY S	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
CONTRIBUTOR NAME	EMPLOYER NAME	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
CHECK IF AGGREGATE AMOUNT CURRENCY \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION \		
CONTRIBUTOR NAME	EMPLOYER NAME	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
CHECK IF AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION		
CONTRIBUTOR NAME	EMPLOYER NAME	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
·		
CHECK IF AGGREGATE AMOUNT CURRENCY \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
CONTRIBUTOR NAME	EMPLOYER NAME	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
CHECK IF AGGREGATE AMOUNT CURRENCY CURRENCY \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
	<u></u>	
(COMPLETE THIS LINE FOR EVERY PAGE USED) TO	OTAL, THIS PAGE	\$
(COMPLETE THIS LINE FOR LAST PAGE USED) GI	RAND TOTAL	\$

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

CONTRIBUTOR NAME	ļ	EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	3
	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION			
DESCRIPTION OF IN-KIND CONTRIB	BUTION(S) 		
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	3
	AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION			, and the second
DESCRIPTION OF IN-KIND CONTRIB	BUTION(S)	<u>. </u>	
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRES	S
	1.00-7		
	AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION			
DESCRIPTION OF IN-KIND CONTRI	BUTION(S)		
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRES	es \
	AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
OCCUPATION	\$	-	\$
DESCRIPTION OF IN-KIND CONTRI	BUTION(S)	<u> </u>	
(COMPLETE THIS LINE FOR EVER	Y PAGE USED) TO	OTAL, THIS PAGE	\$
(COMPLETE THIS LINE FOR LAST	PAGE USED) GI	RAND TOTAL	\$

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

LENDER NAME		EMPLOYER	NAME		
LENDER ADDRESS		EMPLOYER	ADDRE	SS	
					_
OCCUPATION					
CO-SIGNER NAME		EMPLOYER	NAME		
				,	
CO-SIGNER ADDRESS		EMPLOYER	ADDRE	ESS	
] ·			
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OCCUPATION		AMOUNT(S	RECEI	VED THIS PERIOD	
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	\$	EMPLOYER	NAME		
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TOTAL AMOUNT OF LOANS RE	CENIED THIS DEDOOT DE	:DIOD			
TOTAL AMOUNT OF LOANS RE	CLIVED THIS REPORT FE		¢		

ADJUSTMENT SCHEDULE

Refund of Contributions

			<u>-</u>		
PAYMENT DATE	CHECK NO.	F	PAYEE NAME AND A	DDRESS	REFUNDED AMOUNT
					\$
(COMPLETE THIS	LINE FOR EVERY PA	AGE USED)	TOTAL, THIS PA	AGE \$	\$
(COMPLETE THIS	LINE FOR LAST PAC	RE USED)	GRAND TOTAL	<u>\$</u>	\$

SCHEDULE 1(D) - DISBURSEMENTS
Campaign Expenses

				
PRO-BATA AMOUNT OTHERS	₩	₩	₩.	
PRO-RATA AMOUNT THIS REPORTING ENTITY	\$	\$	₩	
FULL AMOUNT	€9			
PURPOSE		<i>⇔</i>	TOTAL, THIS PAGE \$	
PAYEE NAME AND ADDRESS			(COMPLÉTE THIS LINE FOR EVERY PAGE USED)	(COMPLETE THIS LINE FOR LAST PAGE USEU)
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PRO-RATA AMOUMT OTHERS	₩.	\$	₩	
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PURPOSE			GRAND TOTAL	
PAYEE NAME AND ADDRESS			(COMPLETE THIS LINE FOR EVERY PAGE USED)	
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SCHEDULE 3(D) - DISBURSEMENTS Contributions made to other Candidates/Committees

AMOUNT	€	€	\$. ∽	\$ €
ADDRESS		TOTAL, THIS PAGE		(±)	
RECIPIENT CANDIDATE/COMMITTEE		ae useb)	COMPLETE THE FOLLOWING LINES FOR LAST PAGE USED:	SCHEDOLE 3(D) GRAND TOTALE (D) GRAND TOTALES (D) GRAND (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)	OLLOWING LINES F	MAIND IOLAN	CONTRIBUTIONS M
PAYMENT DATE		(COMPLETE THIS L	COMPLETE THE F	MICHA ATAB GOOD GOATA AMOLINI	GRAND TOTAL OF

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 F TOTAL	\$

SCHEDULE G Recipients of In-Kind Contributions

NÁME OF RECIPIENT CANDIDAT	E/COMMITTEE	
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MU	UNICIPALITY
CHECK NUMBER	PAYMENT DATE	AMOUNT
	: (OO)	\$
NAME OF RECIPIENT CANDIDAT	E/GOMMITTEE	
\		
MAILING ADDRESS		
		LINIOD AL COV
OFFICE SOUGHT	ELECTION DISTRICT OR MI	UNICIPALITY
		Taxon 1977
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDAT	TE/COMMITTEE	l *
J	· · · · · · · · · · · · · · · · · · ·	
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT ORM	IUNICIPALITY
,. <u></u>		
CHECK NUMBER	PAYMENT DATE	AMOUNT
		\$
NAME OF RECIPIENT CANDIDAT	TE/COMMITTEE	
· 		
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR M	1UNICIPALITY \
CHECK NUMBER	PAYMENT DATE	AMOUNT
NAME OF BEODENESS	TE/COMMITTEE	\$
NAME OF RECIPIENT CANDIDA	T L/OUIVINIT TEE	\
MAILING ADDRESS		
MINITING ADDITEOS		
OFFICE SOUGHT	ELECTION DISTRICT OR M	IUNICIPALITY
5. 1. 10E 0000111	LEEGION DISTRICT OR W	
CHECK NUMBER	PAYMENT DATE	AMOUNT
S. LON INVIDEN	. ATMENT DATE	\$
		ļΨ

STATEME	NT OF CAMPAIGN DEPOS	SITORY AND CAMPAI	GN TREASURER
Opening Balance, this r (Insert closing balance of last insert zero.)	report st report, or, if this is the first report fil	ed by this entity for this electio	n, <u>s /2.50</u>
Funds Transferred from	Prior Campaign		<u>\$</u>
Deposits (Include interest)			<u>\$</u>
Disbursements (Include bank charges)			<u>\$</u>
Closing Balance, this R	eport		\$ 1200
In vestors B NAME OF BANK OR DEPO	ank	Dohert	So Mayor
NAME OF BANK OR DEPO	ι Λ ~	(- h	NAME OF ACCOUNT
100	way 34 Manasa Address of Ban	N OR DEPOSITORY	901 490 092
NAME OF TREASURER	101erty		*TELEPHONE NUMBER (DAY)
321 Cook	Ave Scotch r		
<u> </u>		F TREASURER	
		rillfully false, I may be subject t	received conform with the limitations o punishment. JATURE (CANDIDATE)
DATE	PRINT FULL NAME (CANDID	ATE) SIĞN	NATURE (CANDIDATE)
DATE 5 2/14 DATE	PRINT FULL NAME (CANDID Mauree Donety PRINT FULL NAME (TREASU	Maur	NATURE (CANDIDATE) JUNEY ATURE (TREASURER)
Treasurers for Gubernatoria Enforcement Commission. (ll and Legislative candidates are requ Check here	ired to receive training with the the training and enter your Tre	New Jersey Election Law easurer Training ID#
	DECLARATION (OF FINAL REPORT	
that all filing entities continu	n applicable Declaration below as well e to file reports with the Commission tions or other monies received by this ns, and that the election fund has wou	until all campaign business is election fund have been disbu	wound up and the fund is dissolved.
DATE	PRINT FULL NAME (CANDID	ATE) SIGN	NATURE (CANDIDATE)
DATE	PRINT FULL NAME (CANDID	ATE) SIGI	NATURE (CANDIDATE)
DATE	PRINT FULL NAME (CANDID	ATE) SIGN	NATURE (CANDIDATE)
DATE	PRINT FULL NAME (TREASU	RER) SIGN	JATURE (TREASURER)

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