

RECEIVED
R16-23-19

FORM R-1		REPORT OF CONTRIBUTIONS AND EXPENDITURES		REPORT (CHECK ONE):	
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				<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 & Brennan</i>				Amendment Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> For State Use Only	
STREET ADDRESS <i>112 Inlet Terrace</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>		<input type="checkbox"/> SCHOOL <input type="checkbox"/> SPECIAL <input type="checkbox"/> FIRE DISTRICT	
ELECTION DATE	ELECTION TYPE (CHECK ONE) <input checked="" type="checkbox"/> PRIMARY <input type="checkbox"/> MAY MUNICIPAL <input type="checkbox"/> <input type="checkbox"/> GENERAL <input type="checkbox"/> RUN-OFF				
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 / LOANS OF \$300 OR LESS				\$ <i>6070</i>	\$ <i>6070</i>
2. MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]				\$ <i>3230</i>	\$ <i>3730</i>
3. IN-KIND CONTRIBUTIONS OF \$300 OR LESS				\$ <i>0</i>	\$ <i>0</i>
4. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]				\$ <i>0</i>	\$ <i>0</i>
5. LOANS RECEIVED IN EXCESS OF \$300 AND ALL CURRENCY LOANS [Schedule C]				\$ <i>0</i>	\$ <i>0</i>
6. SUB TOTAL (ADD LINES 1 THRU 5)				\$ <i>9300</i>	\$ <i>10300</i>
7. REFUND OF CONTRIBUTIONS [Adjustment Schedule] (-)				\$ <i>-500</i>	\$ <i>500</i>
8. TOTAL CONTRIBUTIONS				\$ <i>8800</i>	\$ <i>9800</i>
9. ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)				\$ <i>0</i>	\$ <i>0</i>
10. TOTAL RECEIPTS (ADD LINE 8 + LINE 9)				\$ <i>8800</i>	\$ <i>9800</i>
TABLE II. EXPENDITURES					
1. DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]				\$ <i>490</i>	\$ <i>490</i>
2. DISBURSEMENTS - OTHER [Schedule 2(D)]				\$ <i>0</i>	\$ <i>0</i>
3. DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]				\$ <i>0</i>	\$ <i>0</i>
4. CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)]				\$ <i>0</i>	\$ <i>0</i>
5. IN-KIND CONTRIBUTIONS OF \$300 OR LESS (TABLE I, LINE 3)				\$ <i>0</i>	\$ <i>0</i>
6. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)				\$ <i>0</i>	\$ <i>0</i>
7. SUB TOTAL (ADD LINES 1 THRU 6)				\$ <i>490</i>	\$ <i>490</i>
8. REFUNDED DISBURSEMENTS [Schedule F] (-)				\$ <i>0</i>	\$ <i>0</i>
9. TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)				\$ <i>490</i>	\$ <i>490</i>

SCHEDULE A

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

CONTRIBUTOR NAME Lawrence Lottrell			EMPLOYER NAME Self	
CONTRIBUTOR ADDRESS 2137 Highway 35 3rd Floor			EMPLOYER ADDRESS Same as address	
Hill Holmdel NJ 07733				
CHECK IF CURRENCY <input type="checkbox"/>		AGGREGATE AMOUNT \$ 150	DATE(S) RECEIVED 5/15/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 150.00
OCCUPATION attorney				
CONTRIBUTOR NAME Winks Hair and Lash Studio			EMPLOYER NAME	
CONTRIBUTOR ADDRESS 30 Monmouth St.			EMPLOYER ADDRESS	
Red Bank NJ 07701				
CHECK IF CURRENCY <input type="checkbox"/>		AGGREGATE AMOUNT \$ 100	DATE(S) RECEIVED 5/8/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 100
OCCUPATION				
CONTRIBUTOR NAME Beach Music Studios Inc.			EMPLOYER NAME	
CONTRIBUTOR ADDRESS 808 Belmar Plaza			EMPLOYER ADDRESS	
Belmar NJ 07719				
CHECK IF CURRENCY <input type="checkbox"/>		AGGREGATE AMOUNT \$ 50	DATE(S) RECEIVED 5/8/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 50
OCCUPATION				
CONTRIBUTOR NAME David Samuel			EMPLOYER NAME CME Associates	
CONTRIBUTOR ADDRESS 99 Winkler Rd			EMPLOYER ADDRESS 3141 Borden town Ave	
Sayreville NJ 08872			Parlin NJ 08859	
CHECK IF CURRENCY <input type="checkbox"/>		AGGREGATE AMOUNT \$ 250	DATE(S) RECEIVED 5/8/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 250
OCCUPATION Engineer				
CONTRIBUTOR NAME Joseph Giambone			EMPLOYER NAME N/A	
CONTRIBUTOR ADDRESS 784 Tunny Point Dr.			EMPLOYER ADDRESS	
Toms River NJ 08753				
CHECK IF CURRENCY <input type="checkbox"/>		AGGREGATE AMOUNT \$ 100	DATE(S) RECEIVED 5/8/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 100
OCCUPATION refined				
(COMPLETE THIS LINE FOR EVERY PAGE USED)			TOTAL, THIS PAGE	\$ 650
(COMPLETE THIS LINE FOR LAST PAGE USED)			GRAND TOTAL	\$

SCHEDULE A

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

CONTRIBUTOR NAME Leah Anne Griffin			EMPLOYER NAME Jack Green Construction		
CONTRIBUTOR ADDRESS 120 State Route 71 Apt 203			EMPLOYER ADDRESS 72 Main Ave		
Belmar NJ 07719			Ocean Grove NJ 07756		
CHECK IF CURRENCY <input type="checkbox"/>		AGGREGATE AMOUNT \$ 100	DATE(S) RECEIVED 5/8/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 100	
OCCUPATION Book keeper					
CONTRIBUTOR NAME Robert Poff			EMPLOYER NAME Self		
CONTRIBUTOR ADDRESS 117 Meridian Dr.			EMPLOYER ADDRESS Same as address		
Brick					
CHECK IF CURRENCY <input type="checkbox"/>		AGGREGATE AMOUNT \$ 50.00	DATE(S) RECEIVED 5/8/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 50-	
OCCUPATION					
CONTRIBUTOR NAME Edward Windas			EMPLOYER NAME Monmouth County Improvement Auth		
CONTRIBUTOR ADDRESS 416 7th Ave			EMPLOYER ADDRESS Main St.		
Belmar NJ 07719			Freehold NJ 07728		
CHECK IF CURRENCY <input type="checkbox"/>		AGGREGATE AMOUNT \$ 50	DATE(S) RECEIVED 5/8/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 50	
OCCUPATION					
CONTRIBUTOR NAME Janis Keon Blackburn			EMPLOYER NAME Board of Belmar		
CONTRIBUTOR ADDRESS 106 River Ct.			EMPLOYER ADDRESS 601 Main St.		
Belmar NJ			Belmar NJ 07719		
CHECK IF CURRENCY <input type="checkbox"/>		AGGREGATE AMOUNT \$ 250	DATE(S) RECEIVED 5/8/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 250	
OCCUPATION Council woman					
CONTRIBUTOR NAME Victor Masi			EMPLOYER NAME Self		
CONTRIBUTOR ADDRESS 39 Dawson Cir			EMPLOYER ADDRESS 376 Court St.		
Staten Island NY 10314			Brooklyn NY 11231		
CHECK IF CURRENCY <input type="checkbox"/>		AGGREGATE AMOUNT \$ 200	DATE(S) RECEIVED 5/8/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 200	
OCCUPATION Doctor					
(COMPLETE THIS LINE FOR EVERY PAGE USED)			TOTAL, THIS PAGE		
			\$ 650		
(COMPLETE THIS LINE FOR LAST PAGE USED)			GRAND TOTAL		
			\$		

SCHEDULE A

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

CONTRIBUTOR NAME Jennifer Nicolay		EMPLOYER NAME Boro of Belmar	
CONTRIBUTOR ADDRESS 316 4th Ave		EMPLOYER ADDRESS 601 Main St	
Belmar NJ		Belmar NJ 07719	
CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 250	DATE(S) RECEIVED 5/8/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 250
OCCUPATION council woman			
CONTRIBUTOR NAME Colleen Connelly		EMPLOYER NAME Boro of Belmar	
CONTRIBUTOR ADDRESS 506 Main St		EMPLOYER ADDRESS 601 Main St	
Avon by the Sea, NJ 07717		Belmar NJ 07719	
CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 500	DATE(S) RECEIVED 5/8/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 500
OCCUPATION Administrator			
CONTRIBUTOR NAME Patricia Zengel		EMPLOYER NAME Remax	
CONTRIBUTOR ADDRESS 348 Harristown Rd.		EMPLOYER ADDRESS	
Glen Rock NJ 07452			
CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 100	DATE(S) RECEIVED 5/8/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 100
OCCUPATION Realtor			
CONTRIBUTOR NAME Michael Ayars		EMPLOYER NAME Turnstile Coffee	
CONTRIBUTOR ADDRESS 124 Sylvan Ave		EMPLOYER ADDRESS Belmar NJ.	
Avon NJ 07717			
CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 500	DATE(S) RECEIVED 5/8/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 500 -
OCCUPATION owner			
CONTRIBUTOR NAME Nicole Pice		EMPLOYER NAME Self	
CONTRIBUTOR ADDRESS 302 9th Ave		EMPLOYER ADDRESS Same as home	
Belmar NJ 07719			
CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 50	DATE(S) RECEIVED 5/8/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 50 -
OCCUPATION Self / legal asst.			
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL THIS PAGE \$ 1400	
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL \$	

SCHEDULE A

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

CONTRIBUTOR NAME Matthew Mannion		EMPLOYER NAME AIG	
CONTRIBUTOR ADDRESS 509 7th Ave		EMPLOYER ADDRESS 175 Water St.	
Belmar NJ 07719		ny ny	
CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 50	DATE(S) RECEIVED 5/8/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 50-
OCCUPATION Attorney			
CONTRIBUTOR NAME Robert Parisi		EMPLOYER NAME West Orange Township	
CONTRIBUTOR ADDRESS 39 Fairmont Terrace		EMPLOYER ADDRESS 106 Main St	
West Orange NJ 07052		West Orange NJ 07052	
CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 200	DATE(S) RECEIVED 5/8/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 200
OCCUPATION Mayor			
CONTRIBUTOR NAME Paul Spennrath		EMPLOYER NAME N/A	
CONTRIBUTOR ADDRESS 300 8th Ave		EMPLOYER ADDRESS	
Belmar NJ 07719			
CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 200	DATE(S) RECEIVED 5/8/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 200
OCCUPATION retired			
CONTRIBUTOR NAME John Bang		EMPLOYER NAME Fahy Choi	
CONTRIBUTOR ADDRESS 2422 Leighton St		EMPLOYER ADDRESS 301 NJ 17	
Fort Lee NJ 07024		Rutherford NJ	
CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 200	DATE(S) RECEIVED 5/8/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 200
OCCUPATION Attorney			
CONTRIBUTOR NAME Gabe Tomase		EMPLOYER NAME Rockrite Recycling	
CONTRIBUTOR ADDRESS 116 Inlet Terr		EMPLOYER ADDRESS 888 Fairmont Ave.	
Belmar NJ 07719		Elizabeth NJ 07201	
CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 100	DATE(S) RECEIVED 5/8/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 100
OCCUPATION Business owner			
(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 \$500 and All Currency Contributions

CONTRIBUTOR NAME Inn at the Shore			EMPLOYER NAME	
CONTRIBUTOR ADDRESS 301 4th Ave			EMPLOYER ADDRESS	
Belmar NJ 07719				
<input type="checkbox"/> CHECK IF CURRENCY <input type="checkbox"/> AGGREGATE AMOUNT \$ 100			DATE(S) RECEIVED 5/8/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 100
OCCUPATION				
CONTRIBUTOR NAME Brent Papi			EMPLOYER NAME East Point Engineering	
CONTRIBUTOR ADDRESS 22 Meridia Rd			EMPLOYER ADDRESS 22 Meridian Rd St. 3	
Eaton town NJ 07724			Eaton town NJ 07724	
<input type="checkbox"/> CHECK IF CURRENCY <input type="checkbox"/> AGGREGATE AMOUNT \$ 100			DATE(S) RECEIVED 5/8/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 100
OCCUPATION Engineer				
CONTRIBUTOR NAME Arpado Inc			EMPLOYER NAME	
CONTRIBUTOR ADDRESS 807 Main St.			EMPLOYER ADDRESS	
Belmar NJ 07719				
<input type="checkbox"/> CHECK IF CURRENCY <input type="checkbox"/> AGGREGATE AMOUNT \$ 500			DATE(S) RECEIVED 5/8/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 500 -
OCCUPATION				
CONTRIBUTOR NAME Cheryl Lieberman			EMPLOYER NAME n/a	
CONTRIBUTOR ADDRESS 4075th Ave			EMPLOYER ADDRESS	
Belmar NJ 07719				
<input type="checkbox"/> CHECK IF CURRENCY <input type="checkbox"/> AGGREGATE AMOUNT \$ 100			DATE(S) RECEIVED 5/8/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 100
OCCUPATION retired				
CONTRIBUTOR NAME Karen Carew			EMPLOYER NAME n/a	
CONTRIBUTOR ADDRESS 110 4th Ave			EMPLOYER ADDRESS	
Belmar NJ				
<input type="checkbox"/> CHECK IF CURRENCY <input type="checkbox"/> AGGREGATE AMOUNT \$ 100			DATE(S) RECEIVED 5/8/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 100
OCCUPATION retired				
(COMPLETE THIS LINE FOR EVERY PAGE USED)			TOTAL, THIS PAGE	\$ 900
(COMPLETE THIS LINE FOR LAST PAGE USED)			GRAND TOTAL	\$

SCHEDULE A

Mandatory Contributions in Force of 2000 and All Company Contributions

check

CONTRIBUTOR NAME Tom Walters		EMPLOYER NAME Sweet Tease	
CONTRIBUTOR ADDRESS 706 10 th Ave Belmar NJ		EMPLOYER ADDRESS 150 Main St. Manasquan NJ 08734	
CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 200	DATE(S) RECEIVED 5/8/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 200
OCCUPATION Self			

check

CONTRIBUTOR NAME Judith Rokoszak		EMPLOYER NAME Booz, Allen, Hamilton	
CONTRIBUTOR ADDRESS 1223 Oakwood Rd. Wall Township NJ 07719		EMPLOYER ADDRESS 1095 Ave of the Americas NY NY 1	
CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 200	DATE(S) RECEIVED 5/8/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 200
OCCUPATION consultant			

check

CONTRIBUTOR NAME Robert Gilderleeve		EMPLOYER NAME n/a	
CONTRIBUTOR ADDRESS 100 N Ocean Dr. Apt 200 B Ranger Island Fl 33404		EMPLOYER ADDRESS n/a	
CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 1,000	DATE(S) RECEIVED 5/8/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 1,000
OCCUPATION retired			

check

CONTRIBUTOR NAME Brendan Read		EMPLOYER NAME Frost & Sullivan	
CONTRIBUTOR ADDRESS 100 9 th Ave Belmar NJ 07714		EMPLOYER ADDRESS 53 N. Park Ave. Rockville Center NY 11570	
CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 100	DATE(S) RECEIVED 5/8/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 100
OCCUPATION Analyst			

check

CONTRIBUTOR NAME Patrick Butera		EMPLOYER NAME Remax	
CONTRIBUTOR ADDRESS Woodland Dr. Fair Haven NJ 07704		EMPLOYER ADDRESS Fair Haven NJ	
CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 200	DATE(S) RECEIVED 5/8/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 200
OCCUPATION realtor			

(COMPLETE THIS LINE FOR EVERY PAGE USED)

TOTAL, THIS PAGE

\$ 1700

(COMPLETE THIS LINE FOR LAST PAGE USED)

GRAND TOTAL

\$

SCHEDULE A

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

CONTRIBUTOR NAME Michael Druz		EMPLOYER NAME Self	
CONTRIBUTOR ADDRESS 1211 16th Ave		EMPLOYER ADDRESS Same as home.	
Belmar NJ			
CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 100	DATE(S) RECEIVED 5/8/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 100
OCCUPATION Self-pharmaceutical.			
CONTRIBUTOR NAME Patricia Hutchinson		EMPLOYER NAME n/a	
CONTRIBUTOR ADDRESS 519 6th Ave		EMPLOYER ADDRESS	
Belmar NJ			
CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 100	DATE(S) RECEIVED 5/8/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 100
OCCUPATION retired			
CONTRIBUTOR NAME Michael O'Connell		EMPLOYER NAME Pringle Quinn Anzano	
CONTRIBUTOR ADDRESS 1000 River Rd		EMPLOYER ADDRESS 701 7th Ave	
Belmar NJ 07719		Belmar NJ 07719	
CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 50	DATE(S) RECEIVED 5/8/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 50
OCCUPATION attorney			
CONTRIBUTOR NAME Kelli White Gallagher		EMPLOYER NAME Self	
CONTRIBUTOR ADDRESS 1719 L St.		EMPLOYER ADDRESS	
Wall NJ 07719			
CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 50	DATE(S) RECEIVED 5/8/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 50
OCCUPATION Self			
CONTRIBUTOR NAME Andreas Pendondjis		EMPLOYER NAME Self.	
CONTRIBUTOR ADDRESS 506 Main St		EMPLOYER ADDRESS	
Belmar NJ 07719			
CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 200	DATE(S) RECEIVED 5/8/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 200
OCCUPATION Cook			

(COMPLETE THIS LINE FOR EVERY PAGE USED)

TOTAL, THIS PAGE

\$ 500

(COMPLETE THIS LINE FOR LAST PAGE USED)

GRAND TOTAL

\$

SCHEDULE A

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

CONTRIBUTOR NAME Richard Tarzian			EMPLOYER NAME Passion Group		
CONTRIBUTOR ADDRESS 600 Cookman Ave			EMPLOYER ADDRESS 600 Cookman Ave		
Asbury Park NJ 07712			Asbury Park NJ 07712		
CHECK IF CURRENCY <input type="checkbox"/>		AGGREGATE AMOUNT \$ 100	DATE(S) RECEIVED 5/8/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 100	
OCCUPATION marketing					
CONTRIBUTOR NAME Thomas Brennan			EMPLOYER NAME Boro of Belm Educatin		
CONTRIBUTOR ADDRESS 404 11th Ave			EMPLOYER ADDRESS 1101 Main St		
Belmar NJ 07719			Belmar NJ 07719		
CHECK IF CURRENCY <input type="checkbox"/>		AGGREGATE AMOUNT \$ 100	DATE(S) RECEIVED 5/8/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 100	
OCCUPATION teacher					
CONTRIBUTOR NAME Anthony Gallagher			EMPLOYER NAME IBEW Local		
CONTRIBUTOR ADDRESS 1605 L St.			EMPLOYER ADDRESS PO Box 1256		
Wall Township NJ 07719			Wall NJ 07719		
CHECK IF CURRENCY <input type="checkbox"/>		AGGREGATE AMOUNT \$ 50	DATE(S) RECEIVED 5/8/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 50	
OCCUPATION electrician					
CONTRIBUTOR NAME Maureen Ennis			EMPLOYER NAME Self		
CONTRIBUTOR ADDRESS 418 7th Ave			EMPLOYER ADDRESS same as home		
Belmar NJ 07719					
CHECK IF CURRENCY <input type="checkbox"/>		AGGREGATE AMOUNT \$ 100	DATE(S) RECEIVED 5/8/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 100	
OCCUPATION Self					
CONTRIBUTOR NAME Mike Hollemans			EMPLOYER NAME Passion Group		
CONTRIBUTOR ADDRESS 600 Cookman Ave			EMPLOYER ADDRESS 600 Cookman Ave		
Asbury Park NJ 07712			Asbury Park NJ 07712		
CHECK IF CURRENCY <input checked="" type="checkbox"/>		AGGREGATE AMOUNT \$ 50	DATE(S) RECEIVED 5/8/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 50	
OCCUPATION event planner					
(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 <i>Antonio Sabas</i>			EMPLOYER NAME <i>self</i>	
CONTRIBUTOR ADDRESS <i>10 Fuller Pl</i>			EMPLOYER ADDRESS <i>same as home</i>	
<i>Irvington NJ 07111</i>				
CHECK IF CURRENCY <input type="checkbox"/>		AGGREGATE AMOUNT \$ <i>100</i>	DATE(S) RECEIVED <i>5/8/14</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>100</i>
OCCUPATION <i>researcher</i>				
CONTRIBUTOR NAME <i>Owen Mc Carthy</i>			EMPLOYER NAME <i>Connell Foley</i>	
CONTRIBUTOR ADDRESS <i>88 Morris Ave</i>			EMPLOYER ADDRESS <i>85 Livingston Ave</i>	
<i>Manasquan NJ 08736</i>			<i>Roseland NJ 07068</i>	
CHECK IF CURRENCY <input type="checkbox"/>		AGGREGATE AMOUNT \$ <i>100</i>	DATE(S) RECEIVED <i>5/8/14</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>100</i>
OCCUPATION <i>attorney</i>				
CONTRIBUTOR NAME <i>Janet Grosshandler</i>			EMPLOYER NAME <i>n/a</i>	
CONTRIBUTOR ADDRESS <i>PO Box 787</i>			EMPLOYER ADDRESS	
<i>Belmar NJ 07719</i>				
CHECK IF CURRENCY <input type="checkbox"/>		AGGREGATE AMOUNT \$ <i>100</i>	DATE(S) RECEIVED <i>5/8/14</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>100</i>
OCCUPATION <i>retired</i>				
CONTRIBUTOR NAME <i>Mary Brabazon</i>			EMPLOYER NAME <i>Belmar Tourism / Boro of Belmar</i>	
CONTRIBUTOR ADDRESS <i>1100 C St.</i>			EMPLOYER ADDRESS <i>1000 Main St</i>	
<i>Belmar NJ 07714</i>			<i>Belmar NJ 07719</i>	
CHECK IF CURRENCY <input type="checkbox"/>		AGGREGATE AMOUNT \$ <i>100</i>	DATE(S) RECEIVED <i>5/8/14</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>100</i>
OCCUPATION <i>Tourism</i>				
CONTRIBUTOR NAME <i>Jimmy Kamas</i>			EMPLOYER NAME <i>Jimmy's Place</i>	
CONTRIBUTOR ADDRESS <i>804 Ocean Ave</i>			EMPLOYER ADDRESS <i>804 Ocean Ave</i>	
<i>Belmar NJ 07719</i>			<i>Belmar NJ 07719</i>	
CHECK IF CURRENCY <input type="checkbox"/>		AGGREGATE AMOUNT \$ <i>500</i>	DATE(S) RECEIVED <i>5/8/14</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>500</i>
OCCUPATION <i>chef</i>				
(COMPLETE THIS LINE FOR EVERY PAGE USED)			TOTAL, THIS PAGE	\$ <i>900</i>
(COMPLETE THIS LINE FOR LAST PAGE USED)			GRAND TOTAL	\$

SCHEDULE A

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

CONTRIBUTOR NAME Andrew Adelman			EMPLOYER NAME Devotion Vodka		
CONTRIBUTOR ADDRESS 370 Goodwin Dr.			EMPLOYER ADDRESS 110 N. Santa Cruz Ave		
San Bruno CA 94066			Los Gatos CA 95030		
<input type="checkbox"/> CHECK IF CURRENCY <input type="checkbox"/> AGGREGATE AMOUNT \$ 200			DATE(S) RECEIVED 5/8/14		AMOUNT(S) RECEIVED THIS PERIOD \$ 200
OCCUPATION CEO					
CONTRIBUTOR NAME Judy Vangs			EMPLOYER NAME Rutgers University - Business School		
CONTRIBUTOR ADDRESS 303 9th Ave			EMPLOYER ADDRESS 1 Washington Park 10th Fl		
Belmar NJ 07719			Newark NJ 07102		
<input type="checkbox"/> CHECK IF CURRENCY <input type="checkbox"/> AGGREGATE AMOUNT \$ 100			DATE(S) RECEIVED 5/8/14		AMOUNT(S) RECEIVED THIS PERIOD \$ 100
OCCUPATION education					
CONTRIBUTOR NAME Joseph Trotta			EMPLOYER NAME SAP		
CONTRIBUTOR ADDRESS 604 6th Ave			EMPLOYER ADDRESS 33 Wood Ave		
Belmar NJ 07719			Iselin NJ 08830		
<input type="checkbox"/> CHECK IF CURRENCY <input type="checkbox"/> AGGREGATE AMOUNT \$ 200			DATE(S) RECEIVED 5/8/14		AMOUNT(S) RECEIVED THIS PERIOD \$ 200
OCCUPATION Sales					
CONTRIBUTOR NAME Barbara Luongo			EMPLOYER NAME n/a		
CONTRIBUTOR ADDRESS 1806 Ast.			EMPLOYER ADDRESS		
Belmar NJ 07719					
<input type="checkbox"/> CHECK IF CURRENCY <input type="checkbox"/> AGGREGATE AMOUNT \$ 50			DATE(S) RECEIVED 5/8/14		AMOUNT(S) RECEIVED THIS PERIOD \$ 50
OCCUPATION retired					
CONTRIBUTOR NAME Salon Marsal			EMPLOYER NAME		
CONTRIBUTOR ADDRESS 708 10th Ave			EMPLOYER ADDRESS		
Belmar NJ 07719					
<input type="checkbox"/> CHECK IF CURRENCY <input type="checkbox"/> AGGREGATE AMOUNT \$ 50			DATE(S) RECEIVED 5/8/14		AMOUNT(S) RECEIVED THIS PERIOD \$ 50
OCCUPATION					
(COMPLETE THIS LINE FOR EVERY PAGE USED)			TOTAL, THIS PAGE		\$ 600
(COMPLETE THIS LINE FOR LAST PAGE USED)			GRAND TOTAL		\$

SCHEDULE A

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

check

CONTRIBUTOR NAME Brian MacGovern		EMPLOYER NAME n/a	
CONTRIBUTOR ADDRESS 207 S Lake Dr.		EMPLOYER ADDRESS	
Belmar NJ 07714			
CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 250	DATE(S) RECEIVED 5/8/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 250
OCCUPATION Retired			

check

CONTRIBUTOR NAME Tom MacGowan		EMPLOYER NAME Tom MacGowan	
CONTRIBUTOR ADDRESS 925 Main St.		EMPLOYER ADDRESS 925 Main St.	
Belmar NJ 07714		Belmar NJ 07714	
CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 50	DATE(S) RECEIVED 5/8/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 50
OCCUPATION Realtor			

check

CONTRIBUTOR NAME Pave Alba		EMPLOYER NAME Barter Pays	
CONTRIBUTOR ADDRESS 906 Ocean Ave		EMPLOYER ADDRESS 2587 Route 9	
Belmar NJ 07714		Hovell NJ 07731	
CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 50	DATE(S) RECEIVED 5/8/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 50
OCCUPATION Director			

check

CONTRIBUTOR NAME Patricia O'Keefe		EMPLOYER NAME n/a	
CONTRIBUTOR ADDRESS 211 Ninth Ave		EMPLOYER ADDRESS	
Belmar NJ 07714			
CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 100	DATE(S) RECEIVED 5/8/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 100
OCCUPATION retired			

check

CONTRIBUTOR NAME Suzanne Anan		EMPLOYER NAME Suzanne Ana-	
CONTRIBUTOR ADDRESS 400 5th St		EMPLOYER ADDRESS 400 5th St	
Belmar NJ 07714		Belmar NJ 07714	
CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 100	DATE(S) RECEIVED 5/15/14	AMOUNT(S) RECEIVED THIS PERIOD \$ 100
OCCUPATION artist			

(COMPLETE THIS LINE FOR EVERY PAGE USED)

TOTAL, THIS PAGE

\$ 550

(COMPLETE THIS LINE FOR LAST PAGE USED)

GRAND TOTAL

\$

SCHEDULE A

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

CONTRIBUTOR NAME <i>Daniel Reilly</i>			EMPLOYER NAME <i>Self</i>	
CONTRIBUTOR ADDRESS <i>127 Morris Ave</i>			EMPLOYER ADDRESS	
<i>Manasquan NJ 08734</i>				
<input type="checkbox"/> CHECK IF CURRENCY <input type="checkbox"/> AGGREGATE AMOUNT \$ <i>200</i>			DATE(S) RECEIVED <i>5/15/14</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>200</i>
OCCUPATION <i>consultant</i>				
CONTRIBUTOR NAME <i>Christopher Russo</i>			EMPLOYER NAME <i>Freehold Health + Wellness</i>	
CONTRIBUTOR ADDRESS <i>701 Main St. Ste 105</i>			EMPLOYER ADDRESS <i>701 Main St.</i>	
<i>Freehold NJ 07728</i>			<i>Freehold NJ 07728</i>	
<input type="checkbox"/> CHECK IF CURRENCY <input type="checkbox"/> AGGREGATE AMOUNT \$ <i>100</i>			DATE(S) RECEIVED <i>5/8/14</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>100</i>
OCCUPATION <i>Chiropractor</i>				
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				
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	
			\$ <i>300</i>	
(COMPLETE THIS LINE FOR LAST PAGE USED)			GRAND TOTAL	
			\$ <i>9300</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)			
(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		\$	

ADJUSTMENT SCHEDULE

Refund of Contributions

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	REFUNDED AMOUNT
5/15/14	1002	Arpado Inc. 807 Main St. Belmar NJ 07714	\$ 500
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	\$ 500
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$ 500

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
5/15/14	1001	Ma's Deli 705 Main St Belmar NJ 07719	catering food for event	\$ 490	\$ 490	\$ 0
				\$ 490	\$ 490	\$ 0
(COMPLETE THIS LINE FOR EVERY PAGE USED)				TOTAL, THIS PAGE	\$ 490	\$ 0
(COMPLETE THIS LINE FOR LAST PAGE USED)				GRAND TOTAL	\$ 490	\$ 0

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
				\$	\$	\$
<div> <div>(COMPLETE THIS LINE FOR EVERY PAGE USED)</div> <div>TOTAL, THIS PAGE</div> </div> <div> <div>(COMPLETE THIS LINE FOR LAST PAGE USED)</div> <div>GRAND TOTAL</div> </div>						
				\$	\$	\$
				\$	\$	\$

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

PAYMENT DATE	CHECK NO.	RECIPIENT CANDIDATE/COMMITTEE	ADDRESS	AMOUNT	
<div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; border: 1px solid black; transform: rotate(45deg); opacity: 0.5;"></div>					
(COMPLETE THIS LINE FOR EVERY PAGE USED)				TOTAL, THIS PAGE	
<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 style="border-bottom: 1px solid black; margin-bottom: 5px;">1. \$</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">2. \$</div> <div style="border-bottom: 1px solid black;">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.)

\$ 1000

Funds Transferred from Prior Campaign

\$ 0

Deposits (Include interest)

\$ 8800

Disbursements (Include bank charges)

\$ 490

Closing Balance, this Report

\$ 9310

Investors Savings

NAME OF BANK OR DEPOSITORY

EFO Doherty & Brennan

NAME OF ACCOUNT

910 NJ 7 Spring Lake Heights NJ 07762

ADDRESS OF BANK OR DEPOSITORY

Maureen Doherty

NAME OF TREASURER

908 4900192

*TELEPHONE NUMBER (DAY)

321 Cook Ave

Scotch Plains NJ

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.

5/21/14

DATE

Matthew Doherty

PRINT FULL NAME (CANDIDATE)

M

SIGNATURE (CANDIDATE)

5/21/14

DATE

Thomas Brennan

PRINT FULL NAME (CANDIDATE)

Tho B

SIGNATURE (CANDIDATE)

DATE

PRINT FULL NAME (CANDIDATE)

SIGNATURE (CANDIDATE)

5/21/14

DATE

Maureen Doherty

PRINT FULL NAME (TREASURER)

Maureen Doherty

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)

RECEIVED
6-23-14

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) www.elec.state.nj.us					
CANDIDATE OR COMMITTEE NAME <i>Doherty for Mayor</i>				For State Use Only	
STREET ADDRESS <i>112 Inlet Terrace</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>Mayor</i>			
ELECTION DATE <i>6/3/14</i>	ELECTION TYPE (CHECK ONE) <input checked="" type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL	<input type="checkbox"/> MAY MUNICIPAL <input type="checkbox"/> RUN-OFF	<input type="checkbox"/> SCHOOL <input type="checkbox"/> 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 / LOANS OF \$300 OR LESS				\$ 0	\$ 200
2. MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]				\$ 0	\$ 1000
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)				\$ 0	\$ 1200
7. REFUND OF CONTRIBUTIONS [Adjustment Schedule] (-)				\$ 0	\$ 0
8. TOTAL CONTRIBUTIONS				\$ 0	\$ 1200
9. ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)				\$ 0	\$ 0
10. TOTAL RECEIPTS (ADD LINE 8 + LINE 9)				\$ 0	\$ 1200
TABLE II. EXPENDITURES					
1. DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]				\$ 0	\$ 0
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)				\$ 0	\$ 0
8. REFUNDED DISBURSEMENTS [Schedule F] (-)				\$ 0	\$ 0
9. TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)				\$ 0	\$ 0

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

CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
	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	
	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	
	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	
	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	
	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	
	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	\$

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		\$	

ADJUSTMENT SCHEDULE

Refund of Contributions

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	REFUNDED AMOUNT
			\$
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	\$
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$

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
				\$	\$	\$
<div> <div>(COMPLETE THIS LINE FOR EVERY PAGE USED)</div> <div>TOTAL, THIS PAGE</div> </div> <div> <div>(COMPLETE THIS LINE FOR LAST PAGE USED)</div> <div>GRAND TOTAL</div> </div>						
				\$	\$	\$
				\$	\$	\$

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
				\$	\$	\$
<div>(COMPLETE THIS LINE FOR EVERY PAGE USED)</div> <div>TOTAL, THIS PAGE</div> <div>\$</div>						
<div>(COMPLETE THIS LINE FOR LAST PAGE USED)</div> <div>GRAND TOTAL</div> <div>\$</div>						

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

PAYMENT DATE	CHECK NO.	RECIPIENT CANDIDATE/COMMITTEE	ADDRESS	AMOUNT
<div style="position: absolute; top: 0; right: 0; text-align: right;">\$</div>				
(COMPLETE THIS LINE FOR EVERY PAGE USED)				
TOTAL, THIS PAGE				
<div style="position: absolute; top: 0; right: 0; text-align: right;">\$</div>				
<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>				
				1. \$
				2. \$
				3. \$

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.)

\$ 1200

Funds Transferred from Prior Campaign

\$ 0

Deposits (Include interest)

\$ 0

Disbursements (Include bank charges)

\$ 0

Closing Balance, this Report

\$ 1200

Investors Bank

NAME OF BANK OR DEPOSITORY

Doherty for Mayor

NAME OF ACCOUNT

2426 Highway 34 Manassquan NJ 08736

ADDRESS OF BANK OR DEPOSITORY

Maureen Doherty

NAME OF TREASURER

908 490 092

*TELEPHONE NUMBER (DAY)

321 Cook Ave Scotch Plains NJ

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.

5/21/14
DATE

Matthew Doherty
PRINT FULL NAME (CANDIDATE)

Mat Doherty
SIGNATURE (CANDIDATE)

DATE

PRINT FULL NAME (CANDIDATE)

SIGNATURE (CANDIDATE)

DATE

PRINT FULL NAME (CANDIDATE)

SIGNATURE (CANDIDATE)

5/21/14
DATE

Maureen Doherty
PRINT FULL NAME (TREASURER)

Maureen Doherty
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)