

FORM R-1 REPORT OF CONTRIBUTIONS AND EXPENDITURES					REPORT (CHECK 29 - DAY PR	<del>-</del>
NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION					11 - DAY PR	E-ELECTION
	P.O. Box 185, Tre	enton, NJ 08625	i-0185		20 - DAY PC	ST-ELECTION
(609) 2	92-8700 or Toll Free \	Vithin NJ 1-888 c.state.ni.us	313-ELEC (3532)		Apr. 15,	
CANDIDATE OF C	OMMITTEE-NAME	ac.state.nj.us		<del></del>	July 15,	
Dohe		layor			Oct. 15,	
STREET ADDRES	S -	•			Jan. 15,	
112 G	nlet Terra				Amendment Yes	
CITY Belmar	•	STATE IN	ZIP CODE クナナ19		For Sta	te Use Only
COUNTY	: ,	ELECTION DI	STRICT OR MUNICIPAL	ЛҮ	1	
Monmo			me		4	
POLITICAL PARTY DEMOC		OFFICE SOU	ант М.Сщ 6∕		1	
ELECTION DATE	ELECTION TYPE	PRIM	ARY MAY MU			- <u></u>
10/3/14	(CHECK ONE)		ERAL RUN-OF		☐ FIRE DIS	STRICT
SUMMARY TAB	LES APPROPRIATE	SCHEDULES	LETE TABLES I AND II ( HAVE BEEN COMPLET	ED ED		
TABLE I. RECEI	PTS				THIS REPORT	CUMULATIVE TO DATE
1. MONETARY C	ONTRIBUTIONS / LO	ANS OF \$300 C	R LESS	\$	200	\$ 200
	ONTRIBUTIONS IN E NS [Schedule A]	KCESS OF \$30	AND ALL CURRENCY	\$	1000	\$ 1000
1	RIBUTIONS OF \$300	OR LESS		\$	9	\$ 0
4. IN-KIND CONT	RIBUTIONS IN EXCE	SS OF \$300 [Sc	chedule Bj	\$	<b>6</b>	\$ 0
	VED IN EXCESS OF	300 AND ALL (	CURRENCY LOANS	\$	0	\$ 0
[Schedule C] 6. SUB TOTAL			(ADD LINES 1 THRU	\$ (5)		\$
			•	-	1200	1200
7. REFUND OF C	ONTRIBUTIONS [Adju	ustment Schedu	le)	(·) \$		\$ 0
8. TOTAL CONTR	RIBUTIONS			\$	1200	\$ 1200
9. ADD FUNDS T	RANSFERRED FROM	PRIOR CAMP	AIGN	(+) \$	0	\$ 0
10. TOTAL RECEI	PTS		(ADD LINE 8 + LINE	9) \$	1200	\$ 1200
TABLE II. EXPE	NDITURES					
1. DISBURSEME	NTS - CAMPAIGN EX	PENSES (Sche	dule 1(D)]	\$	0	\$ 0
	NTS - OTHER [Sched			\$	0	\$ 0
	ENTS - CONTRIBUTIO /COMMITTEES (Sche		OTHER	\$	0	\$ 0
4. CONTRIBUTION	ONS MADE ON BEHA	LF OF OTHERS	3	\$		\$
1 '	unt Schedules 1(D) an			<u> </u>	<u> </u>	0
5. IN-KIND CON	TRIBUTIONS OF \$300	OR LESS (TAI	BLE I, LINE 3)	\$	0	\$ 0
6. IN-KIND CON	TRIBUTIONS IN EXC	ESS OF \$300 (T	ABLE I, LINE 4)	\$	00	\$ 0
7. SUB TOTAL			(ADD LINES 1 THRU	J 6) \$	<u> </u>	\$ 0
8. REFUNDED D	ISBURSEMENTS (Sc	hedule Fj		(-) \$	٥	\$ 0
9. TOTAL EXPE	NDITURES		(LINE 7 MINUS LINI	≣ 8) \$	6	\$ 0

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

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	OCHT DIDLETON AND THE		,
	CONTRIBUTOR NAME	EMPLOYER NAME	_
	Sea- Barca	In he has	Saviny Back
	Sea- Barry CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	Saviny Bank
Jack	610 Brooklyn Ave	2426 Highe	
Leo	1,000	_	
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1	ICHECK IE LAGGREGATE AMOLINT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
i	CURRENCY [   \$ 1.000	DATE(G) TEOLIVED	AMOUNT(S) RECEIVED THIS FERIOD
Ì	OCCUPATION	5/1/14	1000
,	Investment Advisor		
	CONTRIBUTOR NAME	EMPLOYER NAME	
	Matthew Doherty	Bono of	Belmer
	CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	<del> </del>
<i>&gt;</i>	112 Inlet Terrau	Main St	
ساء قبل			_
	Belmar NJ 07+19	Belma	n ゴ
	ICHECK IE LAGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
	CHECK IF AGGREGATE AMOUNT CURRENCY (1) \$ 200		\$
	COCHRATION	5/1/14	200
	Millycy		
j	CONTRIBUTOR NAME	EMPLOYER NAME	· <del></del> ·
ĺ	CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
	CHECK IF   AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
	CURRENCY S	D/(12(0) 112021125	\$
	OCCUPATION		<b>"</b>
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ł	CONTRIBUTOR NAME	EMPLOYER NAME	
	·		
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ļ	CHECK IF AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
	CURRENCY   \$	22(0) 1.1202,122	\$
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	CONTRIBUTOR NAME	EMPLOYER NAME	
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-	CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	T
-	CHECK IF AGGREGATE AMOUNT		AMOUNT(S) RECEIVED THIS PERIOD
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	OCCUPATION		[ <sup>1</sup>
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[	(COMPLETE THIS LINE FOR EVERY PAGE USED) TO	TAL, THIS PAGE	s /100
Į.	10	rate, timo i AGE	\$ 1200
Ī	(COMPLETE THIS LINE FOR LAST DAGE LICED)	AND TOTAL	• 1200
	(COMPLETE THIS LINE FOR LAST PAGE USED) GR	AND TOTAL	\$ 1000

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

CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRES	s
	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION		1	
DESCRIPTION OF IN-KIND CONTRIB	BUTION(S)		<u> </u>
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRES	S
	AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
OCCUPATION			
DESCRIPTION OF IN-KIND CONTRIB	BUTION(S)	<u> </u>	
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	S
			· · · · · · · · · · · · · · · · · · ·
	AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
OCCUPATION			
DESCRIPTION OF IN-KIND CONTRIB	UTION(S)	\ <u></u>	
CONTRIBUTOR NAME	<u>, , , , , , , , , , , , , , , , , , , </u>	EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	3
· · · · · · · · · · · · · · · · · · ·			
	AGGREGATE AMOUNT	DATE/Q\ DECENTED	ANOUNT CUE TO THE TENER
OCCUPATION	\$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
·		<u> </u>	
DESCRIPTION OF IN-KIND CONTRIB	UTION(S)		
(COMPLETE THIS LINE FOR EVERY	PAGE USED) TOT	TAL, THIS PAGE	\$
(COMPLETE THIS LINE FOR LAST P	'AGE USED) GRA	AND TOTAL	\$

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

LENDER NAME		EMPLOYER NAM	ME
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LENDER ADDRESS		FILEDI OVER ARE	225
CENTER ABDITES		EMPLOYER ADD	JHESS
OCCUPATION		<u> </u>	
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CO-SIGNER NAME	<u> </u>	EMPLOYER NAM	1E
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CO-SIGNER ADDRESS	<del></del>		
CO-SIGNER ADDRESS	\	EMPLOYER ADD	PRESS
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OCCUPATION		AMOUNT(S) REC	CEIVED THIS PERIOD
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DATE(S) RECEIVED	AGGREGATE AMO	I INT	OUEOK IS
(-,	1.440.120.112.1140		CHECK IF CURRENCY
	\$	\	
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LENDER ADDRESS	<del></del>	EMPLOYER ADD	DECC
ECHOCI ADDITEOU		LEMPLY YER ADD	HESS
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CO-SIGNER NAME		EMPLOYER NAM	E
CO-SIGNER ADDRESS	<del></del>	CHOLONED ADD	DEGO.
oo olanzii ilaanii oo		EMPLOYER ADD	HESS \
		·	
OCCUPATION	<del>.</del>		
OCCUPATION		AMOUNT(S) REC	EIVED THIS PERIOD
		\$	
DATE(S) RECEIVED	AGGREGATE AMOU	L JNT	CHECK IE
			CHECK IF CURRENCY
	\$		
TOTAL AMOUNT OF LOANS RECEIVED	THIS REPORT PERIO	n	
		<b>l \$</b>	

### **ADJUSTMENT SCHEDULE**

**Refund of Contributions** 

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	F	EFUNDED AMOUNT
	A. A			\$
(COMPLETE THIS	LINE FOR EVERY PA	GE USED) TOTAL, THIS PAGE	\$	
(COMPLETE THIS	LINE FOR LAST PAG	E USED) GRAND TOTAL	\$	<u> </u>

SCHEDULE 1(D) - DISBURSEMENTS Campaign Expenses

T		1		Г
PRO-RATA AMOUNT OTHERS	<del>69</del>	₩.	<del>()</del>	
PRO-RATA AMOUNT THIS REPORTING ENTITY	<del>60</del>	<del>9</del>	<del>9</del>	
FULL AMOUNT	<del>()</del>			
PURPOSE		# # # # # # # # # # # # # # # # # # #	Sean Total	שנים ומוענים
PAYEE NAME AND ADDRESS		10001 BOAT VERY	(COMPLETE THIS LINE FOR EVENT PAGE USED)	
OHEOK NO.		2 18		
PAYMENT DATE		A 141 141 141 141 141 141 141 141 141 14		

FORM R-1 Revised 03/07/2013

SCHEDULE 2(D) - DISBURSEMENTS
Other

			<del>- ''</del>		—
	PRO-RATA AMOUNT OTHERS	49	\$	<del>6)</del>	
	PRO-RATA AMOUNT THIS REPORTING ENTITY	<del>49</del>	€9	₩.	
	FULL AMOUNT	<del>49</del>	<del>()</del>	<del>()</del>	
Olner	PURPOSE		MOAG SILT INTOF	GRAND TOTAL	
	PAYEE NAME AND ADDRESS			(COMPLETE THIS LINE FOR LAST PAGE USED)	
	CHECK NO.			JUS LINE FOR	
	PAYMENT DATE		I I	(COMPLETE THE	

FORM R-1 Revised 03/07/2013

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

PAYMENT DATE	CHECK NO.	RECIPIENT CANDIDATE/COMMITTEE	ADDRESS	AMOUNT
				€
(COMPLETE THIS LIN	(COMPLETE THIS LINE FOR EVERY PAGE USED)	USED)	TOTAL, THIS PAGE	<b>9</b>
COMPLETE THE FOLLOWING L SCHEDULE 3(D) GRAND TOTAL	COMPLETE THE FOLLOWING LINES FOR LAST PAGE USED: SCHEDULE 3(D) GRAND TOTAL	LAST PAGE USED:		€9
ADD THE "PRO - BA	ADD THE "PRO - PATA AMOUNT OTHERS" COLUMN F	8" COLUMN FROM SCHEDULES 1(D) AND 2(D)	<del>(*)</del>	φ. (i)
GRAND TOTAL OF	CONTRIBUTIONS MAE	GRAND TOTAL OF CONTRIBUTIONS MADE TO AND ON BEHALF OF CANDIDATES/COMMITTEES		မှာ

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
					\$
	<u></u>			SCHEDULE F TOTAL	\$

## SCHEDULE G Recipients of In-Kind Contributions

NAME OF RECIFIENT CANDIDATE/COM	MMILIEE	
MARINO ACCOUNT		
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MU	INICIPALITY
		NOW ALL!
CHECK NUMBER		
CHECK MOINBER	PAYMENT DATE	AMOUNT
MAME OF RECIDIFAT CANDIDATE		\$
NAME OF RECIPIENT CANDIDATE/COM	MITTEE	
MAILING ADDRESS		
OFFICE SOUGHT	TELEPOTION DISTRICT OF THE	
)	ELECTION DISTRICT OR MU	NICIPALITY
CHECK NUMBER	PAYMENT DATE	AMOUNT
	lack	\$
NAME OF RECIPIENT CANDIDATE/COM	MITTE	
MAILING ADDRESS	<del></del>	
<i>-</i>		
<u> </u>		
OFFICE SOUGHT	ELECTION DISTRICT OR MUI	NICIPALITY
CHECK NUMBER	PAYMENT DATE	AMOUNT
		\$
NAME OF RECIPIENT CANDIDATE/COMM	MITTEE	
MAILING ADDRESS		
WAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUN	IICIPALITY
	ł	
CHECK NUMBER	PAYMENT DATE	MAKOLINIT
•	LYOMER DATE	AMOUNT
NAME OF RECIPIENT CANDIDATE/COMM	4FFF-	\$
ANNE OF THEORIEM OMNORDATE GOWIN	VII TEE	
		\.
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUN	IOID 41 (m)
·	EFFOLION DISTRICT OF MICH	ICIPALITY
	<u> </u>	
CHECK NUMBER	PAYMENT DATE	AMOUNT
		\$
		Ψ

STATE	MENT OF CAMPAIGN DEPOSITORY	Y AND CAMPAIGN TREASURER
l Opening Balance, this	is report	
(Insert closing balance of insert zero.)	f last report, or, if this is the first report filed by this	is entity for this election,
Funds Transferred fro	om Prior Campaign	s
Deposits (Include intere	est)	\$ 1200
Disbursements (Includ	le bank charges)	<u>\$</u>
Closing Balance, this	Report	\$ 12-00
NAME OF BANK OF DE	Bank	Doherty Re Mayor
2426 H	igh Lay BY Manasque ADDRESS OF BANK OPPDER	NAME OF ACCOUNT
NAME OF TREASURER	Doherty	908 490 0192 *TELEPHONE NUMBER (DAY)
321 Cook		<b>~</b> `
	ADDRESS OF TREASU	
certify that the statemen	CERTIFICATIO	ontribution amounts
designated by law. I am av	nts on this document are true, and that the co ware that if any of the statements are willfully falso	ontribution amounts received conform with the limitation se, I may be subject to punishment.
5/2/14	Matthew Doherts	11.1.0.
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
		•
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
5/2/14	Maureen Doherts	Ma All
DATE	PRINT FULL NAME (TREASURER)	SIGNATURE (FREASURER)
Freasurers for Gubernatori Enforcement Commission.	ial and Legislative candidates are required to rece Check here  if you have completed the training	Sino training with the New Years
	DECLARATION OF FINA	AL REPORT
The state of the s	n applicable Declaration below as well as Certific ue to file reports with the Commission until all can	cation above. Chapter 65 of the Laws of 1993 requires mpaign business is wound up and the fund is dissolved.
l certify that all contribution loans or other obligation	rtions or other monies received by this election fur ns, and that the election fund has wound up its bu	and have been disbursed, that there are no outstanding pusiness 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)

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FORM R-1						REPORT (CHECK 29 - DAY PR	•
NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION						11 - DAY PR	E-ELECTION
(609) 2	P.O. Box 185, Tre 92-8700 or Toll Free V			532)	ı		ST-ELECTION
	www.ele	c.state.nj.us		,o_,		Apr. 15, July 15,	
CANDIDATE OR C		م اسا	ດ			Oct. 15,	
Flection STREET ADDRESS		herty &	Brennan		$\dashv$	Jan. 15,	<del></del>
	let Terra	Ce .				Amendment Yes	□ No □
CITY		STATE	ZIP CODE	0		For Sta	te Use Only
Belma		カゴ ELECTION DIS	0771				
Monmat	- <b>L</b>		$m\sim$	IONICIPALITI			
POLITICAL PARTY	, IF ANY	OFFICE SOU	энт ,				
Democra		<u>C</u> 2000	may	101			
ELECTION DATE	ELECTION TYPE (CHECK ONE)	PRIM GEN		MAY MUNIC RUN-OFF	IPAL	SCHOOL FIRE DIS	
SUMMARY TABI	LES DO NOT ATTEM APPROPRIATE	MPT TO COMPL SCHEDULES I	ETE TABLES	I AND II UNT	ΊL		
TABLE I. RECEI	PTS			·		THIS REPORT	CUMULATIVE TO DATE
1. MONETARY CO	ONTRIBUTIONS / LOA	NS OF \$300 O	R LESS		\$	500	\$ 500
2. MONETARY CO CONTRIBUTION	ONTRIBUTIONS IN EX NS [Schedule A]	CESS OF \$300	AND ALL CU	RRENCY	\$	500	\$ 500
3. IN-KIND CONTRIBUTIONS OF \$300 OR LESS				\$	0	\$ 0	
4. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]				\$	0	\$ 0	
5. LOANS RECEIN	/ED IN EXCESS OF \$	300 AND ALL C	CURRENCY LO	DANS	\$	0	\$ 0
6. SUB TOTAL			(ADD LINE	S 1 THRU 5)	\$	<b>10</b> 00	\$ 1000
7. REFUND OF C	ONTRIBUTIONS [Adju	stment Schedul	e]	(-)	\$	0	\$ 0
8. TOTAL CONTR	IBUTIONS			•	\$	1000	\$ /000
9. ADD FUNDS TE	ANSFERRED FROM	PRIOR CAMPA	NGN	(+)	\$		\$
10. <b>TOTAL RECEIF</b>				8 + LINE 9)	-	0	
TABLE II. EXPEN	IDITURES	<del></del>			Ψ	1000	\$ /000
1. DISBURSEMEI	NTS - CAMPAIGN EX	PENSES (Sched	dule 1(D))		\$	0	\$ 0
	NTS - OTHER [Schedu		, , , , , , , , , , , , , , , , , , ,		\$	0	,
3. DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER							
CANDIDATES/COMMITTEES [Schedule 3(D)] 4. CONTRIBUTIONS MADE ON BEHALF OF OTHERS			\$	<del>ن</del>	\$ 0		
Pro Rata Amount Schedules 1(D) and 2(D)]			\$	0	\$ • • • • • • • • • • • • • • • • • • •		
5. IN-KIND CONT	RIBUTIONS OF \$300	OR LESS (TAB	LE I, LINE 3)		\$	0	\$
6. IN-KIND CONT	RIBUTIONS IN EXCES	SS OF \$300 (T/	ABLE I, LINE 4	<b>i</b> )	\$	0	\$ 0
7. SUB TOTAL			(ADD LINE	S 1 THRU 6)	\$	0	\$ 0
8. REFUNDED DI	SBURSEMENTS [Sch	edule F]		(-)	\$	0	\$ 0
9. TOTAL EXPEN	DITURES		(LINE 7 MII	NUS LINE 8)	\$	Q	\$ ≿

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SCHEDULE A

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

16	CONTRIBUTOR NAME	EMPLOYER NAME	
		Self	
-	Gary Olivieri	EMPLOYER ADDRESS	
ech [	500 15+ Av	Same as	residence
ece	300 13 AV		
1	Belmar NJ 07719		
-	CHECK IF AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
- 1	CHECK IF AGGREGATE AMOUNT CURRENCY \$ 50.00		\$
	COnsulta-	5/1/14	50.00
-		EMPLOYER NAME	
-	Bigo Fisher Asence Inc.		
1	Brian Fisher Asency, Inc.	EMPLOYER ADDRESS	
\	jolle Route 34		
rech			ļ
	Matanan 19 07747		
<b> </b>	CHECK IF CURRENCY S 200	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
]	CURRENCY LI S 200	5/1/14	200.00
[	OCCUPATION		2.00.
-	CONTRIBUTOR NAME	EMPLOYER NAME	
ŀ	Kan Cachelli	Physteria	LLC
ŀ	Eria Carvelli CONTRIBUTOR ADDRESS	FMPLOYER ADDRESS	
\ <u>_</u>	609 15th Ave	609 15th	Ave
Jack			7 22.24
<u>ر</u> ا	Belma NJ 07719  [CHECK IF   AGGREGATE AMOUN	Belma 11	」 の子升中
Ì	CHECK IF AGGREGATE AMOUN	T DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
ĺ	CURRENCY S 100	5/1/14	\$ 100.00
	occupation mortgax consultant		
	CONTRIBUTOR NAME	EMPLOYER NAME	
	Samuel Kaye CONTRIBUTOR ADDRESS	n (2	<u> </u>
	CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
net	414 74 Ave		
No	- 1		
O,	Belmar nJ 07719	IT DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
	CHECK IF AGGREGATE AMOUN	1	1
		5/1/14	\$ 100
	1641/200	EMPLOYER NAME	
	CONTRIBUTOR NAME		1A
	Christine Cardellino	EMPLOYER ADDRESS	
<b>b</b>	CONTRIBUTOR ADDRESS  SID 15+ AVC	EMI COTERTABBLICO	•
ded	SID 15th AVE		
C)	Belmar NJ 07719		
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	(COMPLETE THIS LINE FOR LAST PAGE USED)	GRAND TOTAL	\$
	And ber the man and a second		

SCHEDULE A

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

ONTRIBUTOR NAME	EMPLOYER NAME	1
Stephen Gerard		A
Stephen Gerard  ONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
1907 Oca- Avc		
Belmar NJ 07719		
TOUTON IS AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
CURRENCY LI \$ 500	5/1/14	\$ 500.
ocupation retired	EMPLOYER NAME	
ONTRIBUTOR NAME	 	
ONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
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CONTRIBUTOR NAME	EMPLOYER NAME	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	3
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OCCUPATION		
CONTRIBUTOR NAME	EMPLÖYER NAME	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRES	SS
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OCCUPATION		
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(COMPLETE THIS LINE EOD LAST DAGE LISED)	GRAND TOTAL	\$ 1,000,
(COMPLETE THIS LINE FOR LAST PAGE USED)		

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

CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
OCCUPATION	AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
DESCRIPTION OF IN-KIND CONTRI	BUTION(S)	<u> </u>	
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRES	s
	AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION		<u> </u>	
DESCRIPTION OF IN-KIND CONTR	AIBUTION(\$)		
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRES	SS 
	AGGREGATE AMOUN	T DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION			
DESCRIPTION OF IN-KIND CONTI	RIBUTION(S)		
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRE	ss
		T O ATE (O) DEOCH/EI	AMOUNT(S) RECEIVED THIS PERIOR
OCCUPATION	\$	DATE(S) RECEIVED	\$
DESCRIPTION OF IN-KIND CONT	RIBUTION(S)		
(COMPLETE THIS LINE FOR EV	ERY PAGE USED)	TOTAL, THIS PAGE	\$
(COMPLETE THIS LINE FOR LA		GRAND TOTAL	\$

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

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### ADJUSTMENT SCHEDULE

### Refund of Contributions

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PAYMENT DATE	CHECK NO.	PA	YEE NAME AND ADDRESS		REFUNDED AMOUNT
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(COMPLETE TH	IIS LINE FOR EVERY	PAGE USED)	TOTAL, THIS PAGE	\$	
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FORM R-1 Revised 03/07/2019 PRO-RATA AMOUNT OTHERS H ₩ ₩ PRO-RATA AMOUNT THIS REPORTING ENTITY <del>()</del> ₩ <del>()</del> FULL AMOUNT SCHEDULE 1(D) - DISBURSEMENTS ₩ Campaign Expenses H PURPOSE TOTAL, THIS PAGE GRAND TOTAL PAYEE NAME AND ADDRESS (COMPLETE THIS LINE FOR EVERY PAGE USED) (COMPLETE THIS LINE FOR LAST PAGE USED) CHECK NO. PAYMENT DATE

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	PHO-RATA AMOUNT OTHERS	#	₩	<del>69</del>	2707/2013
	PRO-RATA AMOUNT THIS REPORTING ENTITY	€	₩	4	
1	FULL AMOUNT	€	₩	€9	
Other	PURPOSE			TOTAL, THIS PAGE	GRAND TOTAL
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SCHEDULE 3(D) - DISBURSEMENTS
Contributions made to other Candidates/Committees

RECIPIENT CANDIDATE/COMMITTEE ADDRESS AMOUNT	PAGE USED) \$	ES FOR LASTPAGE USED:	OTHERS" COLUMN FROM SCHEDULES 1(D) AND 2(D)	GRAÑD TOTAL OF CONTRIBUTIONS MADE TO AND ON BEHALF OF CANDIDATES/COMMITTEES
CHECK NO.	(COMPLETE THIS LINE FOR EVERY PAGE USED)	COMPLETE THE FOLLOWING LINES FOR LAST PAGE USED: SCHEDULE 3(D) GRAND TOTAL	ADD THE "PRO - RATA AMOUNT OTHERS" COLUMN FROM	CONTRIBUTIONS MADE TO AND ON E
PAYMENT DATE	(COMPLETE THIS LII	COMPLETE THE FOLLOWING LI SCHEDULE 3(D) GRAND TOTAL	ADD THE "PRO - R	GRAÑD TOTAL OF

## New Jersey Election Lew Enforcement Commission

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

(COMPLETE THIS LINE FOR EVERY PAGE USED)  * TOTAL, THIS PAGE
COMPLETE THE FOLLOWING LINES FOR LAST PAGE USED:
ADD THE "PRO - RATA-AMOUNT OTHERS" COLUMN FROM SCHEDULES 1(D) AND 2(D)  (+) 2. \$
MITTEES

### SCHEDULE E

### **Outstanding Obligations**

Date(s)	Creditor's Name	Address	Description	Amount
				\$
			TOTAL OUTSTANDING OBLIGATIONS	   <b>\$</b>

### 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 CANDIDAT	E/COMMITTEE			
·				
MAILING ADDRESS				
OFFICE SOUGHT	ELECTION DISTRICT OR MU	ELECTION DISTRICT OR MUNICIPALITY		
CHECK NUMBER	PAYMENT DATE	AMOUNT \$		
NAME OF RECIPIENT CANDIDAT	EXOMMITTEE	Ψ		
NAME OF REGIFICITY CANDIDA	2.50.55.11			
MAILING ADDRESS				
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OFFICE COLICUT	LELECTION DISTRICT OR MU	NICIPALITY		
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CHECK NUMBER	PAYMENT DATE	IAMOUNT		
CHECK NUMBER	1	\$		
NAME OF RECIPIENT CANDIDA	TE/COMMITTEE			
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OFFICE SOUGHT	ELECTION DISTRICT OR MU	NICIPALITY		
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		\$		
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OF ILOR NOWIDER		\$		
NAME OF RECIPIENT CANDIDA	TE/COMMITTEE			
		\		
MAILING ADDRESS	· · · · · · · · · · · · · · · · · · ·			
1				
OFFICE SOUGHT	ELECTION DISTRICT OR MU	UNICIPALITY		
CHECK NUMBER	PAYMENT DATE	AMOUNT		
	1	\$		

STATEME	NT OF CAMPAIGN DEPOSITO	RY AND CAMPAIGN	TREASURER		
Opening Balance, this re (Insert closing balance of last insert zero.)	eport st report, or, if this is the first report filed by t	his entity for this election,	\$		
Funds Transferred from	<u>\$</u>				
Deposits (Include interest)	,		\$ 1000-		
Disbursements (Include bank charges)			s Ø		
Closing Balance, this Re	eport		\$ 1000-		
NAME OF BANK OR DEPO	Savings  Soring Lale  ADDRESS OF BANK OR	EFO Doher Height no	Hand Brinnan NAME OF ACCOUNT 5 07767		
_ Maureer Doherty 90r 490 0192					
NAME OF TREASURER  321 (2)0	L Ave Switch Pla	in ht n	TELEPHONE NUMBER (DAY)		
	ADDRESS OF TREA	ASURER	10+9		
CERTIFICATION					
l certify that the statements designated by law. I am awa	s on this document are true, and that the re that if any of the statements are willfully	contribution amounts receivalse. I may be subject to pun	ved conform with the limitations sistment.		
5/2/14 DATE	Matthew Doherty PRINT FULL NAME (CANDIDATE)	Mun	RE (CANDIDATE)		
dalu	Thomas Brinnas	J) 2	NE (CANDIDATE)		
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATU	RE (CANDIDATE)		
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATU	RE (CANDIDATE)		
5/2/14	Maureen Doherty	May S	Ail,		
DATE	PRINT FULL NAME (TREASURER)	SIGNATUR	RE (TREASURER)		
Treasurers for Gubernatorial Enforcement Commission. C	and Legislative candidates are required to heck here [] if you have completed the train	receive training with the New ning and enter your Treasure	Jersey Election Law er Training ID#		
	DECLARATION OF FI	NAL REPORT			
If this is the final report, sign that all filing entities continue	applicable Declaration below as well as Ce to file reports with the Commission until all	rtification above. Chapter 65 campaign business is wound	of the Laws of 1993 requires d up and the fund is dissolved.		
l certify that all contributions loans or other obligations	ons or other monies received by this elections, and that the election fund has wound up i	n fund have been disbursed, is business and has been dis	that there are no outstanding solved.		
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATU	RE (CANDIDATE)		
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATU	RE (CANDIDATE)		
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATUI	RE (CANDIDATE)		
DATE	PRINT FULL NAME (TREASURER)	SIGNATUE	RE (TREASURER)		