

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 type="checkbox"/> 11 - DAY PRE-ELECTION <input type="checkbox"/> 20 - DAY POST-ELECTION <input type="checkbox"/> Apr. 15, _____ <input checked="" type="checkbox"/> July 15, <u>2015</u> <input type="checkbox"/> Oct. 15, _____ <input type="checkbox"/> Jan. 15, _____	
CANDIDATE OR COMMITTEE NAME <u>Debertis for Mayor</u>				For State Use Only	
STREET ADDRESS <u>112 Inlet Terrace</u>					
CITY <u>Belmar</u>	STATE <u>NJ</u>	ZIP CODE <u>07719</u>			
COUNTY <u>Monmouth</u>	ELECTION DISTRICT OR MUNICIPALITY <u>Belmar</u>				
POLITICAL PARTY, IF ANY <u>Democrat</u>	OFFICE SOUGHT <u>Mayor</u>				
ELECTION DATE <u>11/4/14</u>	ELECTION TYPE (CHECK ONE) <input type="checkbox"/> PRIMARY <input type="checkbox"/> MAY MUNICIPAL <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> RUN-OFF		<input type="checkbox"/> SCHOOL <input type="checkbox"/> SPECIAL <input type="checkbox"/> FIRE DISTRICT		
SUMMARY TABLES DO NOT ATTEMPT TO COMPLETE TABLES I AND II UNTIL APPROPRIATE SCHEDULES HAVE BEEN COMPLETED					
TABLE I. RECEIPTS					
1. MONETARY CONTRIBUTIONS / LOANS OF \$300 OR LESS			THIS REPORT \$ 0	CUMULATIVE TO DATE \$ 2550	
2. MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]			\$ 0	\$ 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 RECEIVED IN EXCESS OF \$300 AND ALL CURRENCY LOANS [Schedule C]			\$ 0	\$ 0	
6. SUB TOTAL (ADD LINES 1 THRU 5)			\$ 0	\$ 3050	
7. REFUND OF CONTRIBUTIONS [Adjustment Schedule] (-)			\$ 0	\$ 0	
8. TOTAL CONTRIBUTIONS			\$ 0	\$ 3050	
9. ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)			\$ 0	\$ 0	
10. TOTAL RECEIPTS (ADD LINE 8 + LINE 9)			\$ 0	\$ 3050	
TABLE II. EXPENDITURES					
1. DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]			\$ 0	\$ 4094.84	
2. DISBURSEMENTS - OTHER [Schedule 2(D)]			\$ 0	\$ 200	
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	\$ 4294.84	
8. REFUNDED DISBURSEMENTS [Schedule F] (-)			\$ 0	\$ 0	
9. TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)			\$ 0	\$ 4294.84	

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.)

\$ 1921.09

Funds Transferred from Prior Campaign

\$ 0

Deposits (Include interest)

\$ 1,000

Disbursements (Include bank charges)

\$ 2,000

Closing Balance, this Report

\$ 921.09

Investors Savings

NAME OF BANK OR DEPOSITORY

NAME OF ACCOUNT

910 NJ 7 Spring Lake Heights 07702

ADDRESS OF BANK OR DEPOSITORY

Maurice Doherty

NAME OF TREASURER

*TELEPHONE NUMBER (DAY)

146 North Ave Fenwood NJ 07023

ADDRESS OF TREASURER

CERTIFICATION

I certify that the statements on this document are true, and that the contribution amounts received conform with the limitations designated by law. I am aware that if any of the statements are willfully false, I may be subject to punishment.

7/13/15
DATE

Matthew Doherty
PRINT FULL NAME (CANDIDATE)

SIGNATURE (CANDIDATE)

7/13/15
DATE

Thomas Brennan
PRINT FULL NAME (CANDIDATE)

SIGNATURE (CANDIDATE)

DATE

PRINT FULL NAME (CANDIDATE)

SIGNATURE (CANDIDATE)

7/13/15
DATE

Maurice Doherty
PRINT FULL NAME (TREASURER)

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)

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 \$

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

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

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
/						
(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
5/1/15	1020	Hartman's 56 Park Rd. Tinton Falls NJ 07734	Printing Lawyer Signs	\$ 2,000	\$ 2,000	\$ 0
(COMPLETE THIS LINE FOR EVERY PAGE USED)				TOTAL, THIS PAGE	\$ 2,000	\$ 0
(COMPLETE THIS LINE FOR LAST PAGE USED)				GRAND TOTAL	\$ 2,000	\$ 0

Refund of Contributions

New Jersey Election Law Enforcement Commission

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		\$	

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 A

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

CONTRIBUTOR NAME <i>Thomas Dubincha</i>			EMPLOYER NAME	
CONTRIBUTOR ADDRESS <i>11 Thomas St.</i>			EMPLOYER ADDRESS	
South River NJ 08882				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ <i>1,000</i>	DATE(S) RECEIVED <i>6/11/15</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>1,000</i>
OCCUPATION <i>retired</i>				
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	\$ <i>1,000</i>
(COMPLETE THIS LINE FOR LAST PAGE USED)			GRAND TOTAL	\$ <i>1,000</i>

FORM R-1		REPORT OF CONTRIBUTIONS AND EXPENDITURES		REPORT (CHECK ONE):		
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CANDIDATE OR COMMITTEE NAME <u>EFO Doherty and Brennan</u>				Amendment Yes <input type="checkbox"/> No <input type="checkbox"/>		
STREET ADDRESS <u>112 Inlet Terrace</u>				For State Use Only		
CITY <u>Belmar</u>	STATE <u>NJ</u>	ZIP CODE <u>07719</u>				
COUNTY <u>Monmouth</u>	ELECTION DISTRICT OR MUNICIPALITY <u>Belmar</u>					
POLITICAL PARTY, IF ANY <u>Democrat</u>	OFFICE SOUGHT <u>Council/Mayor</u>					
ELECTION DATE <u>11/4/14</u>	ELECTION TYPE (CHECK ONE)	<input type="checkbox"/> PRIMARY <input checked="" 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	\$ 5700		
2. MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]			\$ 1,000	\$ 6350		
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)			\$ 1,000	\$ 12,050		
7. REFUND OF CONTRIBUTIONS [Adjustment Schedule] (-)			\$ 0	\$ 0		
8. TOTAL CONTRIBUTIONS			\$ 0	\$ 12,050		
9. ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)			\$ 0	\$ 10,424.10		
10. TOTAL RECEIPTS (ADD LINE 8 + LINE 9)			\$ 1,000	\$ 22,474.10		
TABLE II. EXPENDITURES						
1. DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]			\$ 2,000	\$ 18,053.01		
2. DISBURSEMENTS - OTHER [Schedule 2(D)]			\$ 0	\$ 0		
3. DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]			\$ 0	\$ 3500		
4. CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)]			\$ 0	\$ 0		
5. IN-KIND CONTRIBUTIONS OF \$300 OR LESS (TABLE I, LINE 3)			\$ 0	\$ 0		
6. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)			\$ 0	\$ 0		
7. SUB TOTAL (ADD LINES 1 THRU 6)			\$ 2,000	\$ 21,533.01		
8. REFUNDED DISBURSEMENTS [Schedule F] (-)			\$ 0	\$ 0		
9. TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)			\$ 2,000	\$ 21,533.01		

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.)

\$ 255,16

Funds Transferred from Prior Campaign

\$ 0

Deposits (Include interest)

\$ 0

Disbursements (Include bank charges)

\$ 0

Closing Balance, this Report

\$ 255,16

Investor Savings

NAME OF BANK OR DEPOSITORY

Doherty for Mayor

NAME OF ACCOUNT

2426 Highway 34 Manasquan NJ 08736

ADDRESS OF BANK OR DEPOSITORY

Maureen Doherty

NAME OF TREASURER

*TELEPHONE NUMBER (DAY)

146 North Ave Edison NJ 07023

ADDRESS OF TREASURER

CERTIFICATION

I certify that the statements on this document are true, and that the contribution amounts received conform with the limitations designated by law. I am aware that if any of the statements are willfully false, I may be subject to punishment.

7/13/15
DATEMatthew Doherty
PRINT FULL NAME (CANDIDATE)Mat S
SIGNATURE (CANDIDATE)

DATE

PRINT FULL NAME (CANDIDATE)

SIGNATURE (CANDIDATE)

DATE

PRINT FULL NAME (CANDIDATE)

SIGNATURE (CANDIDATE)

7/13/15
DATEMaureen 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)

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 \$

Outstanding Obligations

Date(s)	Creditor's Name	Address	Description	Amount
				\$
TOTAL OUTSTANDING OBLIGATIONS				\$

Refunded Disbursements

Date(s)	Check #	Full Name	Address	Description	Amount
					\$
SCHEDULE F TOTAL					\$

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

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

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 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		\$	

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 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	\$