


New Jersey Election Law Enforcement Commission  
I have this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 47-1A-1, an unlisted telephone number is not a public record and must not be provided on this form.  
Form D-1 Revised: 01/2011

Candidate Name <b>Matthew Doherty</b>	
Candidate Committee Name <b>Doherty for Mayor</b>	
Address (Number and Street, City, State, Zip Code) <b>112 Inlet Terrace Belmar NJ 07719</b>	
*(Area) Day Telephone <b>908-490-0192</b>	
*(Area) Evening Telephone	
County <b>Monmouth</b>	Election Date <b>6/2014</b>
Legal Name of Election District or Municipality <b>Belmar</b>	Political Party, if any <b>Democrat</b>
Office Sought <b>Mayor</b>	Amendment <input type="checkbox"/> Yes <input type="checkbox"/> No
Election Type: (CHECK ONE) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Municipal <input type="checkbox"/> Run-Off <input type="checkbox"/> School <input type="checkbox"/> Fire District <input type="checkbox"/> Special	
CHAIRPERSON	
Name	
Mailing Address	
City	State
*(Area) Day Telephone	*(Area) Evening Telephone
TREASURER	
Name <b>Maureen Doherty</b>	
Mailing Address <b>321 Cook Ave</b>	
City <b>Scotch Plains NJ</b>	State <b>NJ</b>
*(Area) Day Telephone <b>908-490-0192</b>	*(Area) Evening Telephone
Resident Address <b>321 Cook Ave</b>	City <b>Scotch Plains</b>
State <b>NJ</b>	Zip Code <b>07076</b>
DEPOSITORY INFORMATION	
Name of Bank or Depository <b>Sovereign</b>	
Mailing Address <b>2053 North Ave</b>	
City <b>Scotch Plains</b>	State <b>NJ</b>
*(Area) Day Telephone <b>908-454-4622</b>	*(Area) Evening Telephone
Account Name <b>Doherty for Mayor</b>	Account Number <b>1151180289</b>

PLEASE TYPE OR PRINT

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION  
 P.O. Box 165, Trenton, NJ 08646-0165  
 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532)  
 Web site: <http://www.elec.state.nj.us/>



LIST THE NAME(S), MAILING ADDRESS(ES) AND TELEPHONE NUMBER(S) OF ANY PERSON(S) AUTHORIZED TO SIGN CHECKS OR OTHERWISE MAKE TRANSACTIONS

Name: Maureen Doherty  
Mailing Address: 112 Inlet Tr.  
City: Belmar  
(Area) Day Telephone: 932-691-1300  
(Area) Evening Telephone: \_\_\_\_\_

Name: Maureen Doherty  
Mailing Address: 321 Cook Ave  
City: Seaside Plain  
(Area) Day Telephone: 908-490-0192  
(Area) Evening Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_  
(Area) Day Telephone: \_\_\_\_\_  
(Area) Evening Telephone: \_\_\_\_\_

CANDIDATE CERTIFICATION

I certify that the statements on this document are true, and will not during the existence of the candidate committee, establish, authorize the establishment of, maintain, or participate directly or indirectly in the management or control of any political committee or continuing political committee. I am aware that if any of the statements are willfully false, I may be subject to punishment.  
PRINT FULL NAME (CANDIDATE): Maureen Doherty  
DATE: 6/4/12  
SIGNATURE (CANDIDATE): [Signature]

CHAIRPERSON/TREASURER CERTIFICATION

I certify that the statements on this document are true. I am aware that if any of the statements are willfully false, I may be subject to punishment.

PRINT FULL NAME (CHAIRPERSON): \_\_\_\_\_  
DATE: \_\_\_\_\_  
PRINT FULL NAME (TREASURER): Maureen Doherty  
DATE: 6/4/12  
SIGNATURE (CHAIRPERSON): \_\_\_\_\_  
SIGNATURE (TREASURER): [Signature]

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# 0139

**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)  
Web site: <http://www.elec.state.nj.us/>

**CANDIDATE - SWORN STATEMENT**

**PLEASE TYPE OR PRINT**

Candidate Name: Maureen Doherty  
Candidate Committee Name: Doherty for Mayor  
Address (Number and Street, City, State, Zip Code): 112 Inlet Terrace Belmar NJ 07719  
\*(Area) Day Telephone: 908-490-0922  
\*(Area) Evening Telephone: \_\_\_\_\_  
County: Monmouth  
Legal Name of Election District or Municipality: Belmar  
Election Date: 6/20/12  
Political Party, if any: Democrat  
Office Sought: Mayor

Election Type: (CHECK ONE)  Primary  General  Municipal  Run-Off  Fire District  Special  Amendment  
Yes  No

I, the undersigned, do hereby certify as follows:

- The total amount expended or to be expended on behalf of my candidacy by me or by any other candidate, person, or committee shall be zero, or shall not, in the aggregate, exceed \$4,000 for this election.
- I am aware that in the event the total amount expended or to be expended on behalf of my candidacy by me or by any other candidate, person or committee shall, in the aggregate, exceed \$4,000, I am required to file a "Report of Contributions and Expenditures," Form R-1, on each subsequent reporting date.
- I am aware that if I receive a contribution in excess of \$300 in the aggregate from one source in an election or a currency (cash) contribution in any amount, I am required to report the contribution to the Commission on "Supplemental Contributor Information," Form C-1, including the identity of the source and the aggregate total of contributions therefrom, and, if the contributor is an individual, his/her occupation and the name and address of his/her employer.
- I am aware that if I receive a contribution in excess of \$1,200 in the aggregate from one source starting with the 13<sup>th</sup> day before the election up to, and including, the day of the election, I am required to notify the Commission in writing on the "Supplemental Contributor Information," Form C-1, within 48 hours of receipt of the contribution and to identify the source and the aggregate amount received therefrom during the period, and, if the contributor is an individual, his/her occupation and the name and address of his/her employer.
- I am aware that if I make, incur, or authorize an expenditure of money or other thing of value in excess of \$1,200 in the aggregate to support or defeat a candidate or public question, starting with the 13<sup>th</sup> day before the election up to and including the day of the election, I am required to notify the Commission in writing within 48 hours of the expenditure on the Form E-1, "Supplemental Expenditure Information."
- I am aware that I, as a candidate, am required to designate a campaign treasurer and a campaign depository and that I am required to file with the Commission a "Certificate of Organization and Designation of Campaign Treasurer and Depository," Form D-1, no later than 10 days after receipt of any contribution on behalf of my candidacy or 10 days after making any expenditure on behalf of my candidacy, whichever comes first.

I certify that the statements on this document are true. I am aware that if any of the statements are willfully false, I may be subject to punishment.

Candidate Signature: Maureen Doherty  
Date: 6/12/12

FORM A-1 FOR STATE USE ONLY