

**SUPPLEMENTAL CONTRIBUTOR INFORMATION****NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION**

P.O. Box 185, Trenton, NJ 08625-0185

Phone: (609) 292-8700

Website: www.elec.nj.gov

FORM C-1ELEC Received
May 06, 2023 5:51 PM☐ Amendment**CONTRIBUTIONS REPORT TYPE (Select One)**

- ☒ Committee spending under the R-1 reporting threshold (A-1 or A-2 filers etc.) who received a contribution in excess of \$300 in the aggregate from one source in the election, or any currency (cash) contributions.
- ☐ Committee receiving a contribution in excess of \$1,900 in the aggregate from one source starting with the 13th day before the election up to, and including the day of the election (48-Hour Notice).

SECTION I. CANDIDATE, JOINT CANDIDATES, OR POLITICAL COMMITTEE INFORMATION

Candidate(s) Name

CAITLIN DONOVAN

Committee Name

DONOVAN FOR BELMAR COUNCIL

Street Address

513 8TH AVE

Office Sought

COUNCIL OR MUNICIPAL OFFICE

City

BELMAR

State Zip Code

NJ 07719

*Day Telephone

732-492-1633

*Evening Telephone

732-492-1633

Election Type:

☒ Primary☐ May Municipal☐ Fire District

Election Date

06/06/2023

(Select One)

☐ General☐ Run-Off☐ Special

County

MONMOUTH COUNTY

Legal Name of Election District or Municipality

BELMAR BOROUGH

Political Party

DEMOCRAT

SECTION II. CONTRIBUTION INFORMATION

Date Received

04/28/2023

Contributor Name

COLLEEN M. SULLIVAN

Address (Number and Street, City, State, Zip Code)

56 INLET TERRACE

Aggregate Amount

\$100.00

Amount

\$100.00

Occupation (If Individual)

RETIRED

Receipt
Type

CASH

Description, if In-Kind Contribution

Employer Name and Mailing Address (If Individual)

NOT APPLICABLE

Date Received

04/28/2023

Contributor Name

CAITLIN DONOVAN

Address (Number and Street, City, State, Zip Code)

513 8TH AVE

Aggregate Amount

\$50.00

Amount

\$50.00

Occupation (If Individual)

PUBLIC RELATIONS DIRECTOR

Receipt
Type

CASH

Description, if In-Kind Contribution

Employer Name and Mailing Address (If Individual)

PATIENT ADVOCATE FOUNDATION 421 BUTLER FARM RD; HAMPTON, VA 23666

Date Received

Contributor Name

Address (Number and Street, City, State, Zip Code)

Aggregate Amount

Amount

Occupation (If Individual)

Receipt
Type

Description, if In-Kind Contribution

Employer Name and Mailing Address (If Individual)

Total This Page: \$150.00

Grand Total: \$150.00

Registration Number *****

PIN *****

Candidate or Treasurer COLLEEN SULLIVAN

Date 05/06/2023

Date Received Contributor Name

Address (Number and Street, City, State, Zip Code)

Aggregate Amount Amount

Occupation (If Individual)

Receipt
Type

Description, if In-Kind Contribution

Employer Name and Mailing Address (If Individual)

Date Received

Contributor Name

Address (Number and Street, City, State, Zip Code)

Aggregate Amount Amount

Occupation (If Individual)

Receipt
Type

Description, if In-Kind Contribution

Employer Name and Mailing Address (If Individual)

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Receipt
Type

Description, if In-Kind Contribution

Employer Name and Mailing Address (If Individual)

Total This Page:

Grand Total: \$150.00

Date Received Contributor Name

Address (Number and Street, City, State, Zip Code)		Aggregate Amount	Amount
Occupation (If Individual)	Receipt Type	Description, if In-Kind Contribution	
Employer Name and Mailing Address (If Individual)			

Date Received Contributor Name

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Employer Name and Mailing Address (If Individual)			

Total This Page:

Grand Total: \$150.00

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Occupation (If Individual)	Receipt Type	Description, if In-Kind Contribution	
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Occupation (If Individual)	Receipt Type	Description, if In-Kind Contribution	
Employer Name and Mailing Address (If Individual)			

Total This Page:	
Grand Total:	\$150.00

**CANDIDATE - SWORN STATEMENT****FORM A-1****NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION**

P.O. Box 185, Trenton, NJ 08625-0185

Phone: (609) 292-8700

Website: www.elec.nj.gov

ELEC Received
Jun 19, 2023 10:52 AM☐ Amendment

Candidate Name

CAITLIN DONOVAN

Office Sought

COUNCIL OR MUNICIPAL OFFICE

Candidate Committee Name

DONOVAN FOR BELMAR COUNCIL

Street Address

513 8TH AVE

City

BELMAR

State

NJ

Zip Code

07719

*Day Telephone

732-4921633

*Evening Telephone

Committee Email (Optional)

CSULLIVAN.PALUS@GMAIL.COM

Committee Website (Optional)

Election Type:

☒ Primary☐ May Municipal☐ Fire District

Election Date

(Select One)

☐ General☐ Run-Off☐ Special

06/06/2023

County

MONMOUTH COUNTY

Legal Name of Election District or Municipality

BELMAR BOROUGH

Political Party

DEMOCRAT

I, the undersigned, do hereby certify as follows:

1. 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 \$5,800 for this election.
2. 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 \$5,800, I am required to file a "Report of Contributions and Expenditures," Form R-1, on each subsequent reporting date.
3. I am aware that if I receive a contribution in excess of \$300 in the aggregate from one source in an election or acurrency (cash) contribution in any amount, I am required to report the contribution to the Commission on "SupplementalContributor 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.
4. I am aware that if I receive a contribution in excess of \$1,900 in the aggregate from one source starting with the 13th day before the election up to, and including, the day of the election, I am required to notify the Commission in writing onthe "Supplemental Contributor Information, " Form C-1, within 48 hours of receipt of the contribution and to identify thesource and the aggregate amount received therefrom during the period, and, if the contributor is an individual, his/heroccupation and the name and address of his/her employer.
5. I am aware that if I make, incur, or authorize an expenditure of money or other thing of value in excess of \$1,900 in the aggregate to support or defeat a candidate or public question, starting with the 13th day before the election up to andincluding the day of the election, I am required to notify the Commission in writing within 48 hours of the expenditure onthe "Supplemental Expenditure Information," Form E-1.
6. 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 andDepository," Form D-1, no later than 10 days after receipt of any contribution on behalf of my candidacy or 10 days aftermaking any expenditure on behalf of my candidacy, whichever comes first.

CANDIDATE 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.

Registration Number

PIN

Candidate

COLLEEN SULLIVAN

Date

06/19/2023

**CANDIDATE - SWORN STATEMENT****FORM A-1****NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION**

P.O. Box 185, Trenton, NJ 08625-0185

Phone: (609) 292-8700

Website: www.elec.nj.gov

ELEC Received
Jun 25, 2023 3:22 PM☐ Amendment

Candidate Name

CAITLIN DONOVAN

Office Sought

COUNCIL OR MUNICIPAL OFFICE

Candidate Committee Name

DONOVAN FOR COUNCIL

Street Address

513 8TH AVENUE

City

BELMAR

State

NJ

Zip Code

07719

*Day Telephone

732-492-1633

*Evening Telephone

732-492-1633

Committee Email (Optional)

CSULLIVAN.PALUS@GMAIL.COM

Committee Website (Optional)

Election Type:

☐

Primary

☐

May Municipal

☐

Fire District

Election Date

(Select One)

☒

General

☐

Run-Off

☐

Special

11/07/2023

County

MONMOUTH COUNTY

Legal Name of Election District or Municipality

BELMAR BOROUGH

Political Party

DEMOCRAT

I, the undersigned, do hereby certify as follows:

1. 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 \$5,800 for this election.

2. 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 \$5,800, I am required to file a "Report of Contributions and Expenditures," Form R-1, on each subsequent reporting date.

3. I am aware that if I receive a contribution in excess of \$300 in the aggregate from one source in an election or acurrency (cash) contribution in any amount, I am required to report the contribution to the Commission on "SupplementalContributor 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.

4. I am aware that if I receive a contribution in excess of \$1,900 in the aggregate from one source starting with the 13th day before the election up to, and including, the day of the election, I am required to notify the Commission in writing onthe "Supplemental Contributor Information," Form C-1, within 48 hours of receipt of the contribution and to identify thesource and the aggregate amount received therefrom during the period, and, if the contributor is an individual, his/heroccupation and the name and address of his/her employer.

5. I am aware that if I make, incur, or authorize an expenditure of money or other thing of value in excess of \$1,900 in the aggregate to support or defeat a candidate or public question, starting with the 13th day before the election up to andincluding the day of the election, I am required to notify the Commission in writing within 48 hours of the expenditure onthe "Supplemental Expenditure Information," Form E-1.

6. 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 andDepository," Form D-1, no later than 10 days after receipt of any contribution on behalf of my candidacy or 10 days aftermaking any expenditure on behalf of my candidacy, whichever comes first.

CANDIDATE 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.

Registration Number

PIN

Candidate

COLLEEN SULLIVAN

Date

06/25/2023

**SUPPLEMENTAL CONTRIBUTOR INFORMATION****NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION**

P.O. Box 185, Trenton, NJ 08625-0185

Phone: (609) 292-8700

Website: www.elec.nj.gov

FORM C-1ELEC Received
Jun 26, 2023 12:34 PM☒ **Amendment****CONTRIBUTIONS REPORT TYPE (Select One)**

- ☒ Committee spending under the R-1 reporting threshold (A-1 or A-2 filers etc.) who received a contribution in excess of \$300 in the aggregate from one source in the election, or any currency (cash) contributions.
- ☐ Committee receiving a contribution in excess of \$1,900 in the aggregate from one source starting with the 13th day before the election up to, and including the day of the election (48-Hour Notice).

SECTION I. CANDIDATE, JOINT CANDIDATES, OR POLITICAL COMMITTEE INFORMATION

Candidate(s) Name

CAITLIN DONOVAN

Committee Name

DONOVAN FOR BELMAR COUNCIL

Street Address

513 8TH AVE

Office Sought

COUNCIL OR MUNICIPAL OFFICE

City

BELMAR

State Zip Code

NJ 07719

*Day Telephone

732-513-9488

*Evening Telephone

732-513-9488

Election Type:

☒ Primary☐ May Municipal☐ Fire District

Election Date

06/06/2023

(Select One)

☐ General☐ Run-Off☐ Special

County

MONMOUTH COUNTY

Legal Name of Election District or Municipality

BELMAR BOROUGH

Political Party

DEMOCRAT

SECTION II. CONTRIBUTION INFORMATION

Date Received

06/07/2023

Contributor Name

LAURA MATOS

Address (Number and Street, City, State, Zip Code)

505 7TH AVE BELMAR, NJ 07719

Aggregate Amount

\$500.00

Amount

\$500.00

Occupation (If Individual)

CONSULTANT

Receipt
Type

CHECK

Description, if In-Kind Contribution

Employer Name and Mailing Address (If Individual)

MAD GLOBAL STRATEGY GROUP 350 SPRINGFIELD AVE SUITE 200 SUMMIT NJ 07901

Date Received

06/08/2023

Contributor Name

COLLEEN SULLIVAN

Address (Number and Street, City, State, Zip Code)

56 INLET TERRACE BELMAR NJ 07719

Aggregate Amount

\$600.00

Amount

\$500.00

Occupation (If Individual)

RETIRED

Receipt
Type

CHECK

Description, if In-Kind Contribution

Employer Name and Mailing Address (If Individual)

N/A

Date Received

06/16/2023

Contributor Name

COLLEEN SULLIVAN

Address (Number and Street, City, State, Zip Code)

56 INLET TERRACE BELMAR NJ 07719

Aggregate Amount

\$617.15

Amount

\$17.15

Occupation (If Individual)

RETIRED

Receipt
Type

IN-KIND

Description, if In-Kind Contribution

POSTAGE TO ELECTION COMMISSION

Employer Name and Mailing Address (If Individual)

N/A

Total This Page: \$1,017.15**Grand Total:** \$1,372.13

Registration Number

PIN

Candidate or Treasurer COLLEEN SULLIVAN

Date 06/26/2023

Date Received 05/31/2023 Contributor Name BUCCAFUSCOLEVISRONDINARO

Address (Number and Street, City, State, Zip Code)	Aggregate Amount	Amount
409 5TH AVE BELMAR NJ 07719		\$354.98
Occupation (If Individual)	Description, if In-Kind Contribution	
N/A		
Employer Name and Mailing Address (If Individual)	Receipt Type	CHECK
N/A		

Date Received	Contributor Name		
Address (Number and Street, City, State, Zip Code)	Aggregate Amount	Amount	
Occupation (If Individual)	Description, if In-Kind Contribution		
Employer Name and Mailing Address (If Individual)	Receipt Type		

Date Received	Contributor Name		
Address (Number and Street, City, State, Zip Code)	Aggregate Amount	Amount	
Occupation (If Individual)	Description, if In-Kind Contribution		
Employer Name and Mailing Address (If Individual)	Receipt Type		

Date Received	Contributor Name		
Address (Number and Street, City, State, Zip Code)	Aggregate Amount	Amount	
Occupation (If Individual)	Description, if In-Kind Contribution		
Employer Name and Mailing Address (If Individual)	Receipt Type		

Date Received	Contributor Name		
Address (Number and Street, City, State, Zip Code)	Aggregate Amount	Amount	
Occupation (If Individual)	Description, if In-Kind Contribution		
Employer Name and Mailing Address (If Individual)	Receipt Type		

Date Received	Contributor Name		
Address (Number and Street, City, State, Zip Code)	Aggregate Amount	Amount	
Occupation (If Individual)	Description, if In-Kind Contribution		
Employer Name and Mailing Address (If Individual)	Receipt Type		

Date Received	Contributor Name		
Address (Number and Street, City, State, Zip Code)	Aggregate Amount	Amount	
Occupation (If Individual)	Description, if In-Kind Contribution		
Employer Name and Mailing Address (If Individual)	Receipt Type		

Total This Page: \$354.98
Grand Total: \$1,372.13

Date Received

Contributor Name

Address (Number and Street, City, State, Zip Code)

Aggregate Amount

Amount

Occupation (If Individual)

Description, if In-Kind Contribution

Employer Name and Mailing Address (If Individual)

Receipt
Type

Date Received

Contributor Name

Address (Number and Street, City, State, Zip Code)

Aggregate Amount

Amount

Occupation (If Individual)

Description, if In-Kind Contribution

Employer Name and Mailing Address (If Individual)

Receipt
Type

Date Received

Contributor Name

Address (Number and Street, City, State, Zip Code)

Aggregate Amount

Amount

Occupation (If Individual)

Description, if In-Kind Contribution

Employer Name and Mailing Address (If Individual)

Receipt
Type

Date Received

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Address (Number and Street, City, State, Zip Code)

Aggregate Amount

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Description, if In-Kind Contribution

Employer Name and Mailing Address (If Individual)

Receipt
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Date Received

Contributor Name

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Occupation (If Individual)

Description, if In-Kind Contribution

Employer Name and Mailing Address (If Individual)

Receipt
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Date Received

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Employer Name and Mailing Address (If Individual)

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Address (Number and Street, City, State, Zip Code)

Aggregate Amount

Amount

Occupation (If Individual)

Description, if In-Kind Contribution

Employer Name and Mailing Address (If Individual)

Receipt
Type

Total This Page:

Grand Total:

\$1,372.13

Address (Number and Street, City, State, Zip Code) Aggregate Amount Amount

Occupation (If Individual) Description, if In-Kind Contribution

Employer Name and Mailing Address (If Individual) Receipt Type _____

Date Received Contributor Name

Address (Number and Street, City, State, Zip Code) Aggregate Amount Amount

Occupation (If Individual) Description, if In-Kind Contribution

Employer Name and Mailing Address (If Individual) Receipt Type _____

Date Received Contributor Name

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Occupation (If Individual) Description, if In-Kind Contribution

Employer Name and Mailing Address (If Individual) Receipt Type _____

Total This Page: _____

Grand Total: \$1,372.13



SUPPLEMENTAL CONTRIBUTOR INFORMATION
NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

P.O. Box 185, Trenton, NJ 08625-0185
Phone: (609) 292-8700
Website: www.elec.nj.gov

FORM C-1

ELEC Received
Jun 25, 2023 4:51 PM

☐ Amendment

CONTRIBUTIONS REPORT TYPE (Select One)

- ☒ Committee spending under the R-1 reporting threshold (A-1 or A-2 filers etc.) who received a contribution in excess of \$300 in the aggregate from one source in the election, or any currency (cash) contributions.
- ☐ Committee receiving a contribution in excess of \$1,900 in the aggregate from one source starting with the 13th day before the election up to, and including the day of the election (48-Hour Notice).

SECTION I. CANDIDATE, JOINT CANDIDATES, OR POLITICAL COMMITTEE INFORMATION

Candidate(s) Name

CAITLIN DONOVAN

Committee Name

DONOVAN FOR BELMAR COUNCIL

Street Address

513 8TH AVE

Office Sought

COUNCIL OR MUNICIPAL OFFICE

City

BELMAR

State Zip Code

NJ 07719

*Day Telephone

732-513-9488

*Evening Telephone

732-513-9488

Election Type:

☒ Primary

☐ May Municipal

☐ Fire District

Election Date

06/06/2023

(Select One)

☐ General

☐ Run-Off

☐ Special

County

MONMOUTH COUNTY

Legal Name of Election District or Municipality

BELMAR BOROUGH

Political Party

DEMOCRAT

SECTION II. CONTRIBUTION INFORMATION

Date Received

06/07/2023

Contributor Name

LAURA MATOS

Address (Number and Street, City, State, Zip Code)

515 7TH AVE BELMAR NJ 07719

Aggregate Amount

\$500.00

Amount

\$500.00

Occupation (If Individual)

CONSULTANT

Receipt
Type

CHECK

Description, if In-Kind Contribution

Employer Name and Mailing Address (If Individual)

MAG GLOBAL STRATEGY GROUP; 350 SPRINGFIELD AVE; SUITE 200; SUMMIT, NJ 07901

Date Received

06/07/2023

Contributor Name

COLLEEN SULLIVAN

Address (Number and Street, City, State, Zip Code)

56 INLET TERRACE

Aggregate Amount

\$600.00

Amount

\$500.00

Occupation (If Individual)

RETIRED

Receipt
Type

CHECK

Description, if In-Kind Contribution

Employer Name and Mailing Address (If Individual)

N/A

Date Received

06/16/2023

Contributor Name

COLLEEN SULLIVAN

Address (Number and Street, City, State, Zip Code)

56 INLET TERRACE

Aggregate Amount

\$17.15

Amount

\$17.15

Occupation (If Individual)

RETIRED

Receipt
Type

IN-KIND

Description, if In-Kind Contribution

POSTAGE TO ELECTION COMMISSION

Employer Name and Mailing Address (If Individual)

N/A

Total This Page: \$1,017.15

Grand Total: \$1,017.15

Registration Number *****

PIN *****

Candidate or Treasurer COLLEEN SULLIVAN

Date 06/25/2023

Date Received

Contributor Name

Address (Number and Street, City, State, Zip Code)

Aggregate Amount

Amount

Occupation (If Individual)

Receipt
Type

Description, if In-Kind Contribution

Employer Name and Mailing Address (If Individual)

Date Received

Contributor Name

Address (Number and Street, City, State, Zip Code)

Aggregate Amount

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Occupation (If Individual)

Receipt
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Description, if In-Kind Contribution

Employer Name and Mailing Address (If Individual)

Date Received

Contributor Name

Address (Number and Street, City, State, Zip Code)

Aggregate Amount

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Occupation (If Individual)

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Description, if In-Kind Contribution

Employer Name and Mailing Address (If Individual)

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Contributor Name

Address (Number and Street, City, State, Zip Code)

Aggregate Amount

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Occupation (If Individual)

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Employer Name and Mailing Address (If Individual)

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Address (Number and Street, City, State, Zip Code)

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Occupation (If Individual)

Receipt
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Description, if In-Kind Contribution

Employer Name and Mailing Address (If Individual)

Date Received

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Aggregate Amount

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Occupation (If Individual)

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Description, if In-Kind Contribution

Employer Name and Mailing Address (If Individual)

Date Received

Contributor Name

Address (Number and Street, City, State, Zip Code)

Aggregate Amount

Amount

Occupation (If Individual)

Receipt
Type

Description, if In-Kind Contribution

Employer Name and Mailing Address (If Individual)

Total This Page:

Grand Total: \$1,017.15

Date Received Contributor Name

Address (Number and Street, City, State, Zip Code)

Aggregate Amount

Amount

Occupation (If Individual)

Receipt
Type

Description, if In-Kind Contribution

Employer Name and Mailing Address (If Individual)

Date Received

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Address (Number and Street, City, State, Zip Code)

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Receipt
Type

Description, if In-Kind Contribution

Employer Name and Mailing Address (If Individual)

Total This Page:

Grand Total:

\$1,017.15

Date Received		Contributor Name	
Address (Number and Street, City, State, Zip Code)		Aggregate Amount	Amount
Occupation (If Individual)		Description, if In-Kind Contribution	
Employer Name and Mailing Address (If Individual)	Receipt Type		

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Employer Name and Mailing Address (If Individual)	Receipt Type		

Total This Page: _____
Grand Total: \$1,017.15



**SINGLE CANDIDATE COMMITTEE - CERTIFICATE OF
ORGANIZATION AND DESIGNATION OF CAMPAIGN
TREASURER AND DEPOSITORY**

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

P.O. Box 185, Trenton, NJ 08625-0185

Phone: (609) 292-8700

Website: www.elec.nj.gov

FORM D-1

ELEC Received
Jun 26, 2023 12:53 PM

☐ Amendment

Candidate Name (required)

CAITLIN DONOVAN

Office Sought

COUNCIL OR MUNICIPAL OFFICE

Candidate Committee Name

DONOVAN FOR BELMAR COUNCIL

Street Address

513 8TH AVE

City

State

Zip Code

*Day Telephone

*Evening Telephone

BELMAR

NJ

07719

732-492-1633

732-492-1633

Committee Email (Optional)

Committee Website (Optional)

CSULLIVAN.PALUS@GMAIL.COM

Election Type:

☐

Primary

☐

May Municipal

☐

Fire District

Election Date

(Select One)

☒

General

☐

Run-Off

☐

Special

11/07/2023

County

Legal Name of Election District or Municipality

Political Party

MONMOUTH COUNTY

BELMAR BOROUGH

DEMOCRAT

CHAIRPERSON

Name

CAITLIN DONOVAN

Mailing Address

513 8TH AVE

City

State

Zip Code

*Day Telephone

*Evening Telephone

BELMAR

NJ

07719

732-492-1633

732-492-1633

TREASURER (required)

Name

COLLEEN SULLIVAN

Mailing Address

56 INLET TERRACE

City

State

Zip Code

*Day Telephone

*Evening Telephone

BELMAR

NJ

07719

7325139488

7325139488

Resident Address

56 INLET TERRACE

City

State

Zip Code

BELMAR

NEW JERSEY

07719

DEPOSITORY INFORMATION

Name of Bank or Depository

KEARNY BANK

Mailing Address

611 MAIN STREET

City

State

Zip Code

Day Telephone

BELMAR

NJ

07719

732-280-5400

Account Name

DONOVAN FOR BELMAR COUNCIL

Account Number

*****3647

**Leave this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 47:1A-1.1, an unlisted telephone number is not a public record and must not be provided on this form.*

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

Name

COLLEEN SULLIVAN

Mailing Address

56 INLET TERRACE

City	State	Zip Code	*Day Telephone	*Evening Telephone
BELMAR	NJ	07719	7325139488	7325139488

Name

CAITLIN DONOVAN

Mailing Address

513 8TH AVE

City	State	Zip Code	*Day Telephone	*Evening Telephone
BELMAR	NJ	07719	732-492-1633	732-492-1633

Name

JOHN WALSH

Mailing Address

1101 B ST

City	State	Zip Code	*Day Telephone	*Evening Telephone
BELMAR	NJ	07719	917-753-5814	917-753-5814

CANDIDATE CERTIFICATION: I certify that the statements on this document are true. I further certify that I have not, 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.

Registration Number *****

PIN *****

CAITLIN DONOVAN

06/26/2023

Candidate (required)

Date

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.

Registration Number *****

PIN *****

COLLEEN SULLIVAN

06/26/2023

Treasurer (required)

Date

Registration Number

PIN

Chairperson

Date

Treasurers for Gubernatorial and Legislative candidates are required to receive training with the NJ ELEC. If you have completed the training enter your Treasurer Training ID#

**Leave this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 47:1A-1.1, an unlisted telephone number is not a public record and must not be provided on this form.*

Date	Amount	In Kind	Recipient	Donor First Name	Donor Last Name	Donor Addr1	Donor City	Donor State	Donor ZIP
April 24, 2023	\$ 50.00		Caitlin Donovan	Caitlin	Donovan	513 8th Ave	Belmar	NJ	00000-7719
April 24, 2023	\$ 100.00		Caitlin Donovan	Colleen	Sullivan	56 Inlet Terrace	Belmar	NJ	00000-0000
May 20, 2023	\$ 25.00		Caitlin Donovan	Regina	Walsh	1101 B street	Belmar	NJ	07719
May 24, 2023	\$ 250.00		Caitlin Donovan	Catherine	McNulty	819 17th Ave	Wall Township	NJ	07720
May 24, 2023	\$ 25.00		Caitlin Donovan	Mark	Pfeifer	319 5th Ave	Belmar	NJ	07719-2108
May 24, 2023	\$ 250.00		Caitlin Donovan	John	Hutchinson	519 6th Avenue	Belmar	NJ	07719
May 25, 2023	\$ 100.00		Caitlin Donovan	Mark	Pfeifer	319 5th Ave	Belmar	NJ	07719-2108
May 25, 2023	\$ 50.00		Caitlin Donovan	Karen	Carew	110 4th Ave	Belmar	NJ	07719-2016
May 26, 2023	\$ 100.00		Caitlin Donovan	Jonathan	Block	7424 Ascot ct	University Park	FL	00003-4201
May 31, 2023	\$ 354.98		Caitlin Donovan	BUCCAFUSCOLEVISRONDINARO		409 5TH AVE	BELMAR	NJ	00000-7719
June 2, 2023	\$ 50.00		Caitlin Donovan	Polly	Dellomo	2064 Lawrenceville Road	Lawrence Township	NJ	08648
June 3, 2023	\$ 100.00		Caitlin Donovan	Shalini	Taneja	92 Inlet Terrace	Belmar	NJ	07719
June 5, 2023	\$ 100.00		Caitlin Donovan	Janet	Grosshandler	701 Ocean Ave Apt 1	Belmar	NJ	07719
June 5, 2023	\$ 100.00		Caitlin Donovan	Maria	Rondinaro	1246 Pine Tree Way	Belmar	NJ	07719
June 5, 2023	\$ 150.00		Caitlin Donovan	Maria	Rondinaro	1246 Pine Tree Way	Belmar	NJ	07719
June 7, 2023	\$ 100.00		Caitlin Donovan	Thomas	Brennan	404 11th Ave.	Belmar	NJ	07719
June 7, 2023	\$ 100.00		Caitlin Donovan	Terri	Lynch	800 B Street	Belmar	NJ	07719
June 7, 2023	\$ 25.00		Caitlin Donovan	Thomas	Volker	527 8th Ave	Belmar	NJ	07719
June 7, 2023	\$ 250.00		Caitlin Donovan	Jim	DiOrio	217 8th Ave	Belmar	NJ	07719
June 7, 2023	\$ 150.00		Caitlin Donovan	Sean	Darcy	515 7th Ave	Belmar	NJ	07719
June 7, 2023	\$ 100.00		Caitlin Donovan	Marlene	Buccafusco	409 5th Ave	Belmar	NJ	07719
June 8, 2023	\$ 100.00		Caitlin Donovan	GERALD	Buccafusco	409 5th Ave	Belmar	NJ	07720
June 7, 2023	\$ 100.00		Caitlin Donovan	Aileen	Fahy	400 River Ave	Belmar	NJ	07719
June 7, 2023	\$ 100.00		Caitlin Donovan	John	Walsh	1101 B Street	Belmar	NJ	07719
June 7, 2023	\$ 500.00		Caitlin Donovan	Laura	Matos	515 7th Ave	Belmar	NJ	07719
June 8, 2023	\$ 500.00		Caitlin Donovan	Colleen	Sullivan	56 Inlet Terrace	Belmar	NJ	07719
June 9, 2023	\$ 150.00		Caitlin Donovan	Jennifer	Nicolay	316 4Th Ave.	Belmar	NJ	07719
June 16, 2023	\$ 17.15	X	Caitlin Donovan	Colleen	Sullivan	56 Inlet Terrace	Belmar	NJ	07719