

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

ELEC Received May 06, 2023 5:51 PM

Amendment	

CONTRIBUTIONS	REPORT TYPE	(Select One)
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$oldsymbol{\odot}$) Committee spending under the R-1 reporting threshold (A-1 or A-2 filers etc.) who received a contributionin excess of \$300 in the agg	regate
	from one source in the election, or any currency (cash) contributions.	

O Committee receiving a cand including the day of	contribution in excess of \$ f the election (48-Hour No	1,900 in the agtice).	ggregate f	rom one source st	arting with the13th day b	efore the election up to,
SECTION I. CANDIDATE Candidate(s) Name	, JOINT CANDIDATES,	OR POLITIC	AL COM	MITTEE INFOR	MATION	
CAITLIN DONOVAN						
Committee Name			<u></u>			
DONOVAN FOR BELMAR	COUNCIL					
Street Address					Office Sought	
513 8TH AVE		<u> </u>			COUNCIL OR MUNIC	
City		State Zip C		*Day Telepho		ng Telephone
BELMAR		NJ 07719		732-492-163		92-1633 ction Date
Election Type:	Primary	O May M	-	O Fire Dis	c. ne/i	06/2023
(Select One)	O General	○ Run-O	ff	O Special	<u></u>	
County	Le	egal Name of E	Election Di	strict or Municipal	ity Poli	tical Party
MONMOUTH COUNTY	BI	ELMAR BORO	UGH		DE	MOCRAT
						
SECTION II. CONTRIBUT Date Received	TON INFORMATION Contributor Name					
04/28/2023	COLLEEN M. SULLIVA	NNI				
Address (Number and Stre		711			Aggregate Amount	Amount
56 INLET TERRACE	- , , ,				\$100.00	\$100.00
Occupation (If Individual)		Doccint			Description, if In-Kind	
RETIRED		Receipt Type	CASH		•	
Employer Name and Mailin	g Address (If Individual)	•••				
NOT APPLICABLE						
Date Received	Contributor Name					
04/28/2023	CAITLIN DONOVAN					
Address (Number and Stre	et, City, State, Zip Code)				Aggregate Amount	Amount
513 8TH AVE					\$50.00	\$50.00
Occupation (If Individual)		Receipt			Description, if In-Kind	Contribution
PUBLIC RELATIONS DIRE		Type	CASH			
Employer Name and Mailin	•					
PATIENT ADVOCATE FOL		FARM RD; HA	MPTON,	VA 23666		
Date Received	Contributor Name					
Address (Mossberged Ober	at Oit Otata 7ia Oada)				A	A
Address (Number and Stre	et, City, State, Zip Code)				Aggregate Amount	Amount
Occupation (If Individual)					Description, if In-Kind	Contribution
Occupation (il ilidividual)		Receipt			Description, it in-rand	
Employer Name and Mailin	a Address (If Individual)	Туре				
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					Total This Page	•
					•	Ψ100.00
					Grand Total	\$150.00
Registration Number	******		PIN	*****		
Candidate or Treasurer	COLLEEN SULLIVAN		Date	05/06/2023		

Fam. 0 4- Badaad las 0000

Address (Number and Street, City, State, Zip Code)		Aggregate Amount Amount
Occupation (If Individual)	Receipt	Description, if In-Kind Contribution
Employer Name and Mailing Address (If Individual)	— Type	
Date Received Contributor Name		
Address (Number and Street, City, State, Zip Code)		Aggregate Amount Amount
Occupation (If Individual)	Receipt	Description, if In-Kind Contribution
Employer Name and Mailing Address (If Individual)	Туре	
Date Received Contributor Name		
Address (Number and Street, City, State, Zip Code)		Aggregate Amount Amount
Occupation (If Individual)	Receipt	Description, if In-Kind Contribution
Employer Name and Mailing Address (If Individual)	Туре	
Date Received Contributor Name		
Address (Number and Street, City, State, Zip Code)		Aggregate Amount Amount
Occupation (If Individual)	Receipt	Description, if In-Kind Contribution
Employer Name and Mailing Address (If Individual)	Type	
Date Received Contributor Name		
Address (Number and Street, City, State, Zip Code)		Aggregate Amount Amount
Occupation (If Individual)	Receipt	Description, if In-Kind Contribution
Employer Name and Mailing Address (If Individual)	Туре	
Date Received Contributor Name		
Address (Number and Street, City, State, Zip Code)		Aggregate Amount Amount
Occupation (If Individual)	Receipt	Description, if In-Kind Contribution
Employer Name and Mailing Address (If Individual)	— Type —	
Date Received Contributor Name		
Address (Number and Street, City, State, Zip Code)		Aggregate Amount Amount
Occupation (If Individual)	Receipt	Description, if In-Kind Contribution
Employer Name and Mailing Address (If Individual)	Туре	
		Total This Page:
		Grand Total: \$150.00

New Jersev Flection I aw Enforcement Commission

\$150.00

Address (Number ar	nd Street, City, State, Zip Code)		Aggregate Amount	Amount	-
	•				_
Occupation (If Individual	oual)	Receipt	Description, if In-Kind Co	ontribution	
Employer Name and	Mailing Address (If Individual)	— Туре			_
Date Received	Contributor Name				
Address (Number ar	nd Street, City, State, Zip Code)		Aggregate Amount	Amount	-
Occupation (If Individ	dual)		Description, if In-Kind Co	ontribution	-
Employer Name and	I Mailing Address (If Individual)	Receipt Type			_
					_
Date Received	Contributor Name				
Address (Number ar	nd Street, City, State, Zip Code)		Aggregate Amount	Amount	-
Occupation (If Individ	dual)		Description, if In-Kind Co	ontribution	
Employer Name and	Mailing Address (If Individual)	Receipt Type			
					_
Date Received	Contributor Name				
Address (Number ar	nd Street, City, State, Zip Code)		Aggregate Amount	Amount	-
Occupation (If Individ	dual)	Receipt	Description, if In-Kind Co	ontribution	-
Employer Name and	Mailing Address (If Individual)	Type			-
Date Received	Contributor Name		A THE STATE OF THE		
Address (Number ar	nd Street, City, State, Zip Code)		Aggregate Amount	Amount	-
Occupation (If Individ	dual)		Description, if In-Kind Co	ontribution	-
Employer Name and	I Mailing Address (If Individual)	Receipt Type			_
	- Walling / laarees (if marviolali)				_
Date Received	Contributor Name				
Address (Number ar	nd Street, City, State, Zip Code)		Aggregate Amount	Amount	-
Occupation (If Individ	dual)	Descipt	Description, if In-Kind Co	ontribution	_
Employer Name and	Mailing Address (If Individual)	Receipt Type	<u></u>		-
Date Received	Contributor Name			· · · · · · · · · · · · · · · · · · ·	
Address (Number of	nd Street, City, State, Zip Code)		Aggregate Amount	Amount	_
	•				_
Occupation (If Individ	dual)	Receipt	Description, if In-Kind Co	ontribution	
Employer Name and	Mailing Address (If Individual)	— Type	**************************************		-
			Total This Page:		<u>-</u>
			Grand Total:	\$150.00	-
				- 100.00	_

Enforcement

Candidate Name **CAITLIN DONOVAN**

Street Address **513 8TH AVE**

City **BELMAR**

Candidate Committee Name DONOVAN FOR BELMAR COUNC

Committee Email (Optional) CSULLIVAN.PALUS@GMAIL.COM

Election Type:

MONMOUTH COUNTY

(Select One)

County

NEW J

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	v				

CANDIDA	TE - SWOF	FORM A-1		
RSEY ELECTION LAW ENFORCEMENT COMMISSION P.O. Box 185, Trenton, NJ 08625-0185 Phone: (609) 292-8700 Website: www.elec.ni.gov				ELEC Received Jun 19, 2023 10:52 AM
,	edane. www.eiec			□Amendment
			Office Sought	
			COUNCIL OR ML	JNICIPAL OFFICE
<u>L</u>				
	State	Zip Code	*Day Telephone	*Evening Telephone
	NJ NJ	07719	732-4921633	
		Comr	mittee Website (Optional)	
Primary	O May I	—— —— Municipal	O Fire District	Election Date
General	O Run-0	Off	O Special	06/06/2023
	Legal Name of Election District or Municipality BELMAR BOROUGH		trict or Municipality	Political Party
				DEMOCRAT
tify as follows	s :			
			candidacy by me or by any ,800 for this election.	other candidate, person, or
committee sh	all, in the agg	regate, exce	e expended on behalf of my ed \$5,800, I am required to	

I, the undersigned, do hereby cert

0

- 1. The total amount expend committee shall be zero, or
- 2. I am aware that in the ev other candidate, person or o 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 the source 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.

	TON: I certify that the statement		nent are true.l am aware that if any of the
Registration Number	***	PIN	****
Candidate	COLLEEN SULLIVAN	Date	06/19/2023

CANDIDATE - SWORN STATEMENT

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

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

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ELEC Received

Jun 25, 2023 3:22 PM
☐Amendment

Candidate Name					Office Sought	
CAITLIN DONOVAN					COUNCIL OR MUNIC	CIPAL OFFICE
Candidate Committee Name						
DONOVAN FOR COUNCIL						
Street Address						
513 8TH AVENUE						
City		State	Zip Code		*Day Telephone	*Evening Telephone
BELMAR	·	NJ	07719		732-492-1633	732-492-1633
Committee Email (Optional)			Cor	nmittee	Website (Optional)	
CSULLIVAN.PALUS@GMAIL.COM						
Election Type:	O Primary	O May	Municipal	(Fire District	Election Date
- · · · · · · · · · · · · · · · · · · ·	General	O Run	-Off	() Special	11/07/2023
County	Loa	al Nama	of Election D	istrict o	r Municipality	Political Party
MONMOUTH COUNTY	_		ROUGH	istrict 0	Wanicipality	DEMOCRAT
MONMOOTT CCCITT		-IVENIX DC	7100011			DEMOCION
Contributions and Expert 3. I am aware that if I re (cash) contribution in an Information," Form C-1, contributor is an individual. 4. I am aware that if I re day before the election on the "Supplemental Cothesource and the aggrenis/heroccupation and the aggrenis and the aggr	nditures," Form R-1, ceive a contribution by amount, I am requincluding the identity al, his/her occupation up to, and including, ontributor Information agate amount receivene name and addressake, incur, or authoridefeat a candidate of	on each in exces ired to re y of the s on and th in exces the day n, " Form ed there is of his/ ize an ex or public	a subsequents of \$300 in eport the cosource and the name and of \$1,900 of the election C-1, within from during the employed expenditure of question, si	the agontribution the agontribution the agontribution the agontribution, I among the peer.	gregate from one source in on to the Commission on " regate total of contribution	an election or acurrency SupplementalContributor is therefrom, and, if the estarting with the 13th mmission in writing ution and to identify is an individual,
am required to file with t	a candidate, am requeste Commission a "Control of the Commission a "Control of the Control of th	uired to Certificate days afte y candid	designate a e of Organiz er receipt of acy, whiche	ation a any co ver cor		gn Treasurer candidacy or 10 days
Registration Number	****			PIN	****	
Candidate	COLLEEN SULLIVA	AN		Date	06/25/2023	ally Month are specific



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 26, 2023 12:34 PM

CONTRIBUTIONS	REPORT TYPE (Select One)
CONTRIBUTIONS	REPORT THE Gelect One:

Street Address 513 8TH AVE					Office Sought COUNCIL OR MUNICI	PAL OFFICE
City		State Zip C	ode	*Day Telepho		g Telephone
BELMAR		NJ 07719		732-513-948		•
	Primary	O May M		O Fire Dis		tion Date
Election Type: (Select One)	_	_	• -		06/0	6/2023
,	O General	O Run-O		O Special		
County		-		trict or Municipal	•	cal Party
MONMOUTH COUNTY		BELMAR BORC	UGH		<u>DEM</u>	OCRAT
ECTION II. CONTRIBUTIO	N INFORMATION					
Date Received	Contributor Name					
06/07/2023	LAURA MATOS					
Address (Number and Street,	City, State, Zip Code)				Aggregate Amount	Amount
05 7TH AVE BELMAR, NJ 0	7719					\$500.00
Occupation (If Individual)		Receipt			Description, if In-Kind C	ontribution
CONSULTANT		Туре	CHECK		•	
Employer Name and Mailing A	•					
MAD GLOBAL STRATEGY G	ROUP 350 SPRINGFI	ELD AVE SUIT	E 200 SUN	IMIT NJ 07901		
Date Received	Contributor Name					
06/08/2023	COLLEEN SULLIVAN					
Address (Number and Street,	City, State, Zip Code)				Aggregate Amount	Amount
6 INLET TERRACE BELMA	R NJ 07719				\$600.00	\$500.00
Occupation (If Individual)		Receipt	OUEOK		Description, if In-Kind C	ontribution
RETIRED	Addrone (If Individual)	Туре	CHECK			
Employer Name and Mailing /	Address (IT Individual)					
N/A						
Date Received	Contributor Name					
06/16/2023	COLLEEN SULLIVAN				Aggregate America	Amount
Address (Number and Street,	•				Aggregate Amount	Amount
66 INLET TERRACE BELMA	K NJ 07719				\$617.15	\$17.15
Occupation (If Individual)		Receipt	INI MINID		Description, if In-Kind C	
RETIRED Employer Name and Mailing /	Address (If Individual)	Туре	IN-KIND		POSTAGE TO ELECTI	ON COMMISSION
	raaress (II IIIaiviadai)					
N/A						
					Total This Page:	\$1,017.15
					Grand Total:	\$1,372.13

COLLEEN SULLIVAN

06/26/2023

Date Heneinen	CUITAINGTOI HAITIE				
05/31/2023	BUCCAFUSCOLEVISR	ONDINARO			
Address (Number and Street,	City, State, Zip Code)			Aggregate Amount	Amount
409 5TH AVE BELMAR NJ 07	•				\$354.98
Occupation (If Individual)	110			Description, if In-Kind C	
N/A		Receipt CH	HECK		
Employer Name and Mailing A	Address (If Individual)	– Туре — —	- :	-	
, ,	Address (II IIIdividual)				
<u>N/A</u>					
Date Received	Contributor Name				
Address (Number and Street,	City, State, Zip Code)			Aggregate Amount	Amount
, 124, 255 (. 14, 11, 15), 4, 14, 5, 1, 24, 5, 1,	ony, orato, Esp obacy			. 199. 094.07 11.104.11	
Opposation (If Individual)			 	Description, if In-Kind C	Contribution
Occupation (If Individual)		Receipt		Description, it in-Kind C	contribution
		_ Type —			
Employer Name and Mailing A	Address (If Individual)	,,,,,			
Date Received	Contributor Name		-		
Pate Medelved	Continuator Natife				
Add (N)	011. 01-1 71 0 11		- H	A	Amarina
Address (Number and Street,	City, State, Zip Code)			Aggregate Amount	Amount
Occupation (If Individual)		D		Description, if In-Kind C	Contribution
		Receipt —		-	
Employer Name and Mailing A	Address (If Individual)	_ Type —			
Lingsofor Hame and Maning /	auroo (ii marridaa)				
Date Received	Contributor Name				
Address (Number and Street,	City, State, Zip Code)		·	Aggregate Amount	Amount
and the second s				. 55 5	
Occupation (If Individual)			····	Donorintian if In Kind C	Contribution
Occupation (If Individual)		Receipt		Description, if In-Kind C	JOHUNDULION
	· · · · · · · · · · · · · · · · · · ·	_ Туре —		•	
Employer Name and Mailing A	Address (If Individual)				
Date Received	Contributor Name				
Date Neceived	Continuator Hallic				
Addross (Number and Chart	City State 7in Code			Aggregate Aggregat	Amount
Address (Number and Street,	City, State, Zip Code)			Aggregate Amount	Amount
Occupation (If Individual)				Description, if In-Kind C	Contribution
		Receipt			
Employer Name and Mailing A	Address (If Individual)	- Туре			
, ,	,				
					
Date Received	Contributor Name				
Address (Number and Street,	City, State, Zip Code)			Aggregate Amount	Amount
	•• • • • • • • • • • • • • • • • • • •			JJ J	
Occupation (If Individual)				Description, if In-Kind C	
Occupation (If Individual)		Receipt		Description, if In-Kind C	Nontroution
		_ Type —			
Employer Name and Mailing A	Address (If Individual)	. 71			
Date Received	Contributor Name				
Date Deceived	Continuator Name				
Address (Number and Street,	City, State, Zip Code)			Aggregate Amount	Amount
Occupation (If Individual)		D		Description, if In-Kind C	Contribution
, , ,		Receipt		• • • • • • • • • • • • • • • • • • • •	
Employer Name and Mailing A	Address (If Individual)	Туре			
Employer Name and Mailing A	raaress (ii iiiuividuai)				
				Total This Page	

Total This Page: \$354.98

Grand Total: \$1,372.13

Address (Number and St	treet, City, State, Zip Code)		Aggregate Amount	Amount
Occupation (If Individual))	Receipt	Description, if In-Kind C	Contribution
Employer Name and Mai	iling Address (If Individual)	— Type		
Date Received	Contributor Name			14.
Address (Number and St	treet, City, State, Zip Code)		Aggregate Amount	Amount
Occupation (If Individual))	Receipt	Description, if In-Kind C	Contribution
Employer Name and Mai	iling Address (If Individual)	Туре		
Date Received	Contributor Name			
Address (Number and St	treet, City, State, Zip Code)		Aggregate Amount	Amount
Occupation (If Individual))	Receipt	Description, if In-Kind C	Contribution
Employer Name and Mai	iling Address (If Individual)	Type		
Date Received	Contributor Name		***************************************	
Address (Number and St	treet, City, State, Zip Code)		Aggregate Amount	Amount
Occupation (If Individual))	Receipt	Description, if In-Kind C	Contribution
Employer Name and Mai	iling Address (If Individual)	Type		
Date Received	Contributor Name			
Address (Number and St	treet, City, State, Zip Code)		Aggregate Amount	Amount
Occupation (If Individual))	Receipt	Description, if In-Kind C	Contribution
Employer Name and Mai	iling Address (If Individual)	Type		
Date Received	Contributor Name			
Address (Number and St	treet, City, State, Zip Code)		Aggregate Amount	Amount
Occupation (If Individual))	Receipt	Description, if In-Kind C	Contribution
Employer Name and Mai	iling Address (If Individual)	- Type		
Date Received	Contributor Name			
Address (Number and St	treet, City, State, Zip Code)		Aggregate Amount	Amount
Occupation (If Individual))	Receipt	Description, if In-Kind C	Contribution
Employer Name and Mai	iling Address (If Individual)	Type		
			Total This Page:	
			Grand Total:	\$1 372 13

New Jersev Flection I aw Enforcement Commission

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

ELEC Received Jun 25, 2023 4:51 PM

☐Amendment	

CONTRIBUTIONS REPORT TYPE (Select One)

SECTION I. CANDIDATE,	JOINT CANDIDAT	ES, OR POLITICAL COM	MITTEE INFORMATION	
Candidate(s) Name				
CAITLIN DONOVAN				
Committee Name				
DONOVAN FOR BELMAR	COUNCIL			
Street Address			Office Se	ought
513 8TH AVE			COUNC	L OR MUNICIPAL OFFICE
City		State Zip Code	*Day Telephone	*Evening Telephone
BELMAR		NJ 07719	732-513-9488	732-513-9488
Election Type:	Primary	O May Municipal	O Fire District	Election Date
(Select One)	O General	O Run-Off	O Special	06/06/2023
County		Legal Name of Election Dis	trict or Municipality	Political Party
MONMOUTH COUNTY		BELMAR BOROUGH		DEMOCRAT

SECTION II. CONTRIBU Date Received	TION INFORMATION Contributor Name				
06/07/2023 Address (Number and Str	LAURA MATOS eet, City, State, Zip Code)			Aggregate Amount	Amount
515 7TH AVE BELMAR N	• • • • • • • • • • • • • • • • • • • •			riggregate runount	\$500.00
Occupation (If Individual)	3 077 19			Description, if In-Kind (·
CONSULTANT		Receipt	CHECK	besonption, if in-raina	Sommodion
Employer Name and Maili	ng Address (If Individual)	Type			
• •	GROUP; 350 SPRINGFIELD	AVE; SUIT	E 200; SUMMIT, NJ	07901	
Date Received	Contributor Name				
06/07/2023	COLLEEN SULLIVAN				
Address (Number and Stre	eet, City, State, Zip Code)			Aggregate Amount	Amount
56 INLET TERRACE				\$600.00	\$500.00
Occupation (If Individual)		Receipt		Description, if In-Kind (Contribution
RETIRED		Type	CHECK		-
Employer Name and Maili	ng Address (If Individual)				
N/A					
Date Received	Contributor Name				
06/16/2023	COLLEEN SULLIVAN				
Address (Number and Stre	eet, City, State, Zip Code)	-		Aggregate Amount	Amount
56 INLET TERRACE					\$17.15
Occupation (If Individual)		Dannint	<u> </u>	Description, if In-Kind (Contribution
RETIRED		Receipt Type	IN-KIND	POSTAGE TO ELECT	ION COMMISSION
Employer Name and Maili	ng Address (If Individual)				
N/A					
				Total This Page:	\$1,017.15
				Grand Total:	\$1.017.15

Candidate or Treasurer

Registration Number **********

COLLEEN SULLIVAN

PIN

Date

06/25/2023

\$1,017.15

Date Neceived Continuation (4an)	<i>5</i>	
Address (Number and Street, City, State, Zip Co	ode)	Aggregate Amount Amount
Occupation (If Individual)	Receipt	Description, if In-Kind Contribution
Employer Name and Mailing Address (If Individu	Type	
Date Received Contributor Name	9	
Address (Number and Street, City, State, Zip Co	ode)	Aggregate Amount Amount
Occupation (If Individual)	Receipt	Description, if In-Kind Contribution
Employer Name and Mailing Address (If Individu	ual)	
Date Received Contributor Name	9	
Address (Number and Street, City, State, Zip Co	ode)	Aggregate Amount Amount
Occupation (If Individual)	Receipt	Description, if In-Kind Contribution
Employer Name and Mailing Address (If Individu	ual)	
Date Received Contributor Name		
Address (Number and Street, City, State, Zip Co	ode)	Aggregate Amount Amount
Occupation (If Individual)	Receipt Type	Description, if In-Kind Contribution
Employer Name and Mailing Address (If Individu		
Date Received Contributor Name		
Address (Number and Street, City, State, Zip Co	ode)	Aggregate Amount Amount
Occupation (If Individual)	Receipt	Description, if In-Kind Contribution
Employer Name and Mailing Address (If Individu	ual) Type	
Date Received Contributor Name	3	
Address (Number and Street, City, State, Zip Co	ode)	Aggregate Amount Amount
Occupation (If Individual)	Receipt	Description, if In-Kind Contribution
Employer Name and Mailing Address (If Individu	ial)	
Date Received Contributor Name	•	
Address (Number and Street, City, State, Zip Co	ode)	Aggregate Amount Amount
Occupation (If Individual)	Receipt Type	Description, if In-Kind Contribution
Employer Name and Mailing Address (If Individu	ial)	
		Total This Page:
		Grand Total: \$1,017.15

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New Jersey Flection Law Enforcement Commission

\$1,017.15

Grand Total:

Address (Number and Stree	t, City, State, Zip Code)		Aggregate Amount	Amount
Occupation (If Individual)		Receipt	Description, if In-Kind C	ontribution
Employer Name and Mailing	Address (If Individual)	— Туре		
Date Received	Contributor Name			
Address (Number and Stree	t, City, State, Zip Code)		Aggregate Amount	Amount
Occupation (If Individual)		Receipt	Description, if In-Kind C	ontribution
Employer Name and Mailing	Address (If Individual)	— Type		
Date Received	Contributor Name			
Address (Number and Stree	t, City, State, Zip Code)	· · · · · · · · · · · · · · · · · · ·	Aggregate Amount	Amount
Occupation (If Individual)		Receipt	Description, if In-Kind C	ontribution
Employer Name and Mailing	Address (If Individual)	— Туре		
Date Received	Contributor Name			
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Employer Name and Mailing	Address (If Individual)	— Type		
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Occupation (If Individual)		Receipt	Description, if In-Kind C	ontribution
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Employer Name and Mailing	Address (If Individual)	Туре		
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Employer Name and Mailing	Address (If Individual)	— Туре ————————————————————————————————————		
			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

Phone: (609) 292-8700 Website: www.elec.nj.gov

FORM D-1

ELEC Received Jun 26, 2023 12:53 PM

□Amendment

Candidate Committee Name DONOVAN FOR BELMAR COUNCIL Street Address \$13.8TH AVE State Zip Code "Day Telephone "Evening Telephone ELMAR Tay Telephone Tay Tele	Candidate Name (required)						Office Sought		
DONOVAN FOR BELMAR COUNCIL Street Address 513 3TH AVE City State Zip Code 'Day Telephone 'Evening Telephone BELMAR NJ 07719 732-492-1633 732-492-1633 Committee Telephone BELMAR NJ 07719 732-492-1633 732-492-1633 Committee Telephone COULTVAN FALUS@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 Parry MONMOUTH COUNTY BELMAR BOROUGH HAIRPERSON Name CAITLIN DONOVAN Mailing Address S18 INLET TERRACE City State Zip Code 'Day Telephone 'Evening Telephone BELMAR NJ 07719 732-492-1633 732-492-1633 **REASURER (required) Name COULEEN SULLIVAN Mailing Address S9 INLET TERRACE City State Zip Code 'Day Telephone 'Evening Telephone BELMAR NJ 07719 7325139488 7325139488 **Testing Telephone BELMAR NJ 07719 7325139488 7325139488 **Testing Telephone BELMAR NJ 07719 7325139488 **Testing Telephone BELMAR NEW JERSEY 07719 **Testing Telephone BELMAR NEW JERSEY 07719 **Testing Telephone 'Evening Telephone 'Evening Telephone BELMAR NJ 07719 7325139488 **Testing Telephone 'Evening Telephone 'Evenin	CAITLIN DONOVAN	COUNCIL OR MUNICIPAL OFFICE							
Street Address 13.8 TH AVE	Candidate Committee Name								
State Zip Code *Day Telephone *Evening Telephone Election Date Committee Email (Optional)	DONOVAN FOR BELMAR COL	INCIL							
City State Zip Code 'Day Telephone 'Evening Telephone BELIMAR NJ 07719 732-492-1633	Street Address								
BELMAR	513 8TH AVE								
Committee Email (Optional) CSULLIVAN PALUS@GMAIL COM Election Type:	City		State	Zip Code	*Da	y Telephone	*Evening Telephone		
Caption Type: O Primary O May Municipal O Fire District Election Data	BELMAR	BELMAR		07719	732-492-1633		732-492-1633		
Election Type: (Select One)	Committee Email (Optional)			Cor	nmittee Website	(Optional)			
Select One)	CSULLIVAN.PALUS@GMAIL.C	OM							
County Legal Name of Election District or Municipality DEMOCRAT HAIRPERSON 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 REASURER (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 'Day Telephone 'Evening Telephone BELMAR NJ 07719 7325139488 7325139488 Resident Address 56 INLET TERRACE City State Zip Code BELMAR Signed NEW JERSEY 07719 EPOSITORY INFORMATION Name of Bank or Depository KERARNY 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 Name	Election Type:	O Primary	O May Municipal		O Fire District		Election Date		
ALARPERSON Name CAITLIN DONOVAN Maling Address State Zip Code *Day Telephone *Evening Telephone	(Select One)	General	○ Rur	n-Off	O Special		11/07/2023		
ALARPERSON Name CAITLIN DONOVAN Maling Address State Zip Code *Day Telephone *Evening Telephone	County		Legal Nam	ne of Election Dis	strict or Municipa	ality	Political Party		
HAIRPERSON Name	•					,			
Name CAITUN DONOVAN Mailing Address 513 8TH AVE City State Zip Code 'Day Telephone 'Evening Telephone BELMAR NJ 07719 732-492-1633 732-492-1633 REASURER (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 7325139488 7325139488 FEPOSITORY INFORMATION Name of Bank or Depository KEARNY BANK Mailing Address 611 MAIN STREET City State Zip Code Day Telephone BELMAR NJ 07719 7325139489 Resident Address 611 MAIN STREET City State Zip Code Day Telephone BELMAR NJ 07719 732-280-5400 REARNY BANK Mailing Address 611 MAIN STREET City State Zip Code Day Telephone BELMAR NJ 07719 732-280-5400				····					
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Account Name DONOVAN FOR BELMAR COUNCIL Account Number	City				State	Zip Code	Day Telephone		
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	DONOVAN FOR BELMAR COU	INCIL							
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Name COLLEEN SULLIV Mailing Address 56 INLET TERRAC						
Mailing Address						
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56 INLET TERRAC						
JO INCLI TENTON	CE					
City		State	Zip Code	*Day Telephone	*Evening Telephone	
BELMAR		NJ	07719	7325139488	7325139488	
Name						
CAITLIN DONOVA	AN					
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	
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LIST THE NAME(S), MAILING ADDRESS(ES) AND TELEPHONE NUMBER(S) OF ANY PERSON(S) AUTHORIZED TO SIGN

Date	Amou	nt In Kin	Recipient	Donor First	Donor Last	Donor Addr1	Donor City	Donor	Donor ZIP
		į		Name	Name	*		State	
April 24, 2023	\$ 50	.00	Caitlin Donovan	Caitlin	Donovan	513 8th Ave	Belmar	NJ	00000-7719
April 24, 2023	\$ 10	.00	Caitlin Donovan	Colleen	Sullivan	56 Inlet Terrace	Belmar	NJ	00000-0000
May 20, 2023	\$ 2	5.00	Caitlin Donovan	Regina	Walsh	1101 B street	Belmar	NJ	07719
May 24, 2023	\$ 25	0.00	Caitlin Donovan	Catherine	McNulty	819 17th Ave	Wall Township	NJ	07720
May 24, 2023		5.00	Caitlin Donovan	Mark	Pfeifer	319 5th Ave	Belmar	NJ	07719-2108
May 24, 2023).00	Caitlin Donovan	John	Hutchinson	519 6th Avenue	Belmar	NJ	07719
May 25, 2023		0.00	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	\$ 10	0.00	Caitlin Donovan	Jonathan	Block	7424 Ascot ct	University Park	FL	00003-4201
May 31, 2023	\$ 354	.98	Caitlin Donovan	BUCCAFUSCOLEVI	SRONDINARO	409 5TH AVE	BELMAR	NJ	00000-7719
June 2, 2023	\$ 5).00	Caitlin Donovan	Polly	Dellomo	2064 Lawrenceville Road	Lawrence Township	NI	08648
June 3, 2023	\$ 10	0.00	Caitlin Donovan	Shalini	Taneja	92 Inlet Terrace	Belmar	NJ	07719
June 5, 2023	\$ 10	0.00	Caitlin Donovan	Janet	Grosshandler	701 Ocean Ave Apt 1	Belmar	NJ	07719
June 5, 2023	\$ 10	0.00	Caitlin Donovan	Maria	Rondinaro	1246 Pine Tree Way	Belmar	נא	07719
June 5, 2023	\$ 15	0.00	Caitlin Donovan	Maria	Rondinaro	1246 Pine Tree Way	Belmar	NJ	07719
June 7, 2023	\$ 10	0.00	Caitlin Donovan	Thomas	Brennan	404 11th Ave.	Belmar	NJ	07719
June 7, 2023	\$ 10	0.00	Caitlin Donovan	Terri	Lynch	800 B Street	Belmar	lИJ	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	\$ 50	0.00	Caitlin Donovan	Laura	Matos	515 7th Ave	Belmar	NJ	07719
June 8, 2023	\$ 50	0.00	Caitlin Donovan	Colleen	Sullivan	56 Inlet Terrace	Belmar	NJ	07719
June 9, 2023		0.00	Caitlin Donovan	Jennifer	Nicolay	316 4Th Ave.	Belmar	NI	07719
June 16, 2023	\$ 1	7.15 X	Caitlin Donovan	Colleen	Sullivan	56 Inlet Terrace	Belmar	NJ	07719