

RECEIVED  
R/C/S/D

FORM R-1		REPORT OF CONTRIBUTIONS AND EXPENDITURES		REPORT (CHECK ONE):	
<b>NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION</b> 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 type="checkbox"/> July 15, _____ <input checked="" type="checkbox"/> Oct. 15, <u>2015</u> <input type="checkbox"/> Jan. 15, _____	
CANDIDATE OR COMMITTEE NAME <u>EFU Doherty and Brennan</u>				Amendment Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
STREET ADDRESS <u>112 Inlet Terrace</u>					
CITY <u>Belmar</u>	STATE <u>NJ</u>	ZIP CODE <u>07719</u>		For State Use Only	
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 type="checkbox"/> MAY MUNICIPAL		
		<input checked="" type="checkbox"/> GENERAL	<input type="checkbox"/> RUN-OFF	<input type="checkbox"/> FIRE DISTRICT	
<b>SUMMARY TABLES</b> DO NOT ATTEMPT TO COMPLETE TABLES I AND II UNTIL APPROPRIATE SCHEDULES HAVE BEEN COMPLETED					
<b>TABLE I. RECEIPTS</b>					
		THIS REPORT	CUMULATIVE TO DATE		
1. MONETARY CONTRIBUTIONS / LOANS OF \$300 OR LESS		\$ 255.16	\$ 5955.16		
2. MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]		\$ 2400.00	\$ 8750		
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)		\$ 2655.16	\$ 14705.06		
7. REFUND OF CONTRIBUTIONS [Adjustment Schedule]		(-) \$ 0	\$ 0		
8. TOTAL CONTRIBUTIONS		\$ 2655.16	\$ 14750.06		
9. ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN		(+)	\$ 10424.10		
10. TOTAL RECEIPTS (ADD LINE 8 + LINE 9)		\$ 2655.16	\$ 25,129.16		
<b>TABLE II. EXPENDITURES</b>					
1. DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]		\$ 3413.55	\$ 21,406.56		
2. DISBURSEMENTS - OTHER [Schedule 2(D)]		\$ 0	\$ 0		
3. DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]		\$ 162.80	\$ 3662.80		
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)		\$ 3576.35	\$ 25,129.36		
8. REFUNDED DISBURSEMENTS [Schedule F]		(-) \$ 0	\$		
9. TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)		\$ 3576.35	\$ 25,129.36		

**SCHEDULE A**

**Monetary Contributions In Excess of \$300 and All Currency Contributions**

CONTRIBUTOR NAME <i>Ellen Young</i>			EMPLOYER NAME <i>n/a</i>	
CONTRIBUTOR ADDRESS <i>1702 A St.</i>			EMPLOYER ADDRESS <i>n/a</i>	
<i>Belmar NJ 07719</i>				
<input type="checkbox"/>	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ <i>2,000</i>	DATE(S) RECEIVED <i>7/8/15</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>2,000</i>
OCCUPATION <i>none</i>				
CONTRIBUTOR NAME <i>Matthew Doherty</i>			EMPLOYER NAME <i>George McBelvey Co. Inc.</i>	
CONTRIBUTOR ADDRESS <i>112 Inlet Terrace</i>			EMPLOYER ADDRESS <i>529 Washington St.</i>	
<i>Belmar NJ</i>			<i>Sec Hirt NJ 08750</i>	
<input type="checkbox"/>	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ <i>400</i>	DATE(S) RECEIVED <i>7/20/15</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>400-</i>
OCCUPATION <i>Financial Advisor</i>				
CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
<input type="checkbox"/>	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	
<input type="checkbox"/>	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	
<input type="checkbox"/>	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>			<b>TOTAL, THIS PAGE</b>	\$ <i>2400</i>
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>			<b>GRAND TOTAL</b>	\$ <i>2400</i>

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

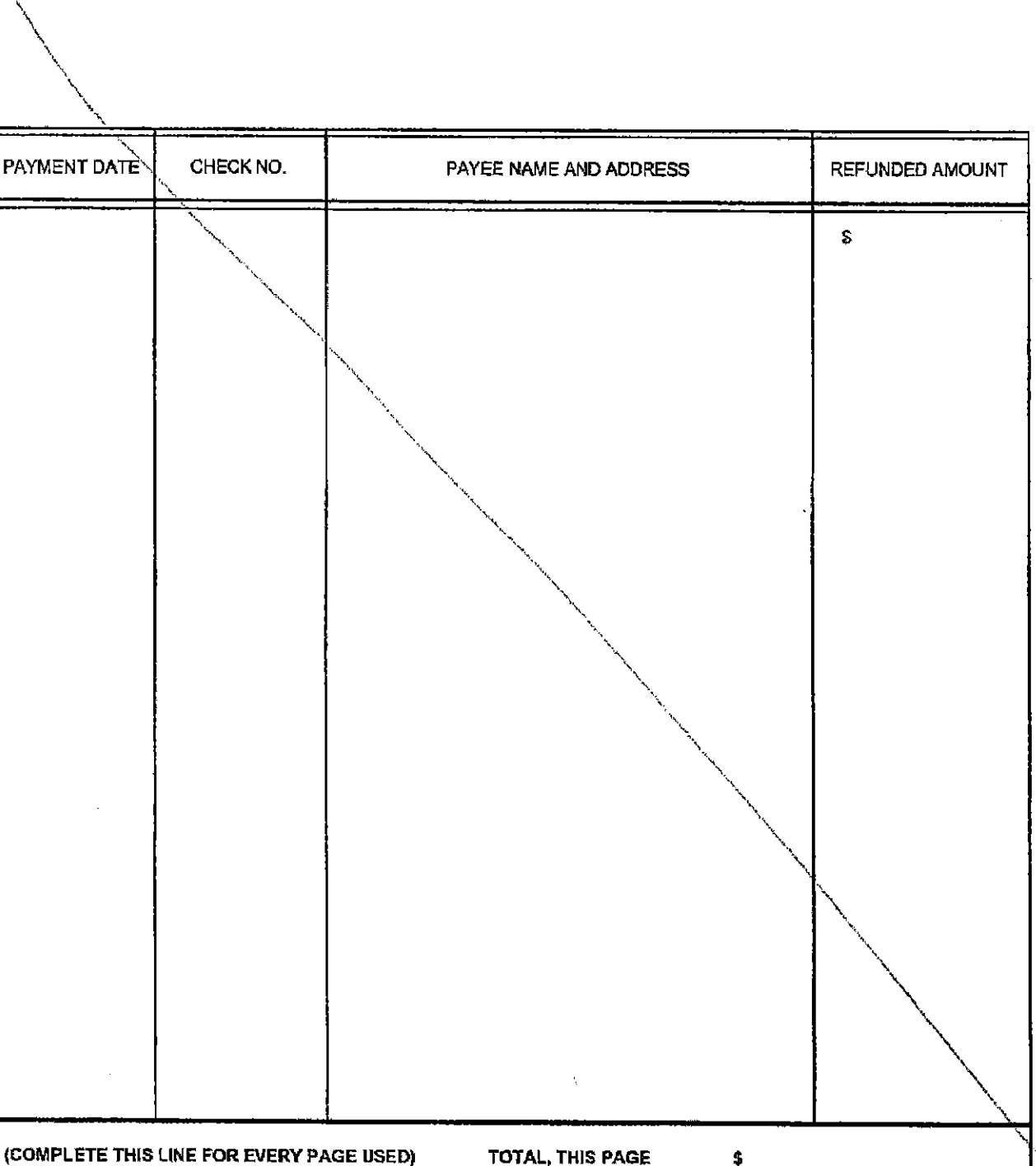
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION			
DESCRIPTION OF IN-KIND CONTRIBUTION(S)			
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
	AGGREGATE AMOUNT \$	DATE(S) 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)			
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>		<b>TOTAL, THIS PAGE</b>	<b>\$</b>
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>		<b>GRAND TOTAL</b>	<b>\$</b>

**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			
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			
DATE(S) RECEIVED		AGGREGATE AMOUNT	CHECK IF CURRENCY <input type="checkbox"/>
		\$	
TOTAL AMOUNT OF LOANS RECEIVED THIS REPORT PERIOD		\$	

**ADJUSTMENT SCHEDULE**

**Refund of Contributions**

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	REFUNDED AMOUNT
			\$
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>		<b>TOTAL, THIS PAGE</b>	\$ _____
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>		<b>GRAND TOTAL</b>	\$ _____

**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
7/24/15	1021	Ha-Horess Press	Printing	\$ 3413.55	\$ 3413.55	\$
(COMPLETE THIS LINE FOR EVERY PAGE USED)				TOTAL, THIS PAGE	\$	\$
(COMPLETE THIS LINE FOR LAST PAGE USED)				GRAND TOTAL	\$ 3413.55	\$

**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
<del> </del>						
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>				<b>TOTAL, THIS PAGE</b>	\$	\$
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>				<b>GRAND TOTAL</b>	\$	\$

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

PAYMENT DATE	CHECK NO.	RECIPIENT CANDIDATE/COMMITTEE	ADDRESS	AMOUNT
8/17/15	Auto debit	Nicolay for Council	316 4th Ave Belmar NJ 07719	\$ 162.80
TOTAL, THIS PAGE				\$ 162.80
COMPLETE THE FOLLOWING LINES FOR LAST PAGE USED: SCHEDULE 3(D) GRAND TOTAL				
				1. \$ 162.80
				2. \$ 0
				3. \$ 162.80
ADD THE "PRO - RATA AMOUNT OTHERS" COLUMN FROM SCHEDULES 1(D) AND 2(D) (+)				
GRAND TOTAL OF CONTRIBUTIONS MADE TO AND ON BEHALF OF CANDIDATES/COMMITTEES				



**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 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 \$

**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.)

\$ 921.09

**Funds Transferred from Prior Campaign**

\$ 0

**Deposits (Include interest)**

\$ 2655.14

**Disbursements (Include bank charges)**

\$ 3576.35

**Closing Balance, this Report**

\$ 0

<u>Investors Savings</u>	<u>EFO Doherty and Brennan</u>
<small>NAME OF BANK OR DEPOSITORY</small>	<small>NAME OF ACCOUNT</small>
<u>910 NJ 7 Spring Lake Heights 07762</u>	
<small>ADDRESS OF BANK OR DEPOSITORY</small>	
<u>Maureen Doherty</u>	<small>*TELEPHONE NUMBER (DAY)</small>
<small>NAME OF TREASURER</small>	
<u>416 North Ave Fanwood 07023</u>	
<small>ADDRESS OF TREASURER</small>	

**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.

<u>10/13/15</u> <small>DATE</small>	<u>Matthew Doherty</u> <small>PRINT FULL NAME (CANDIDATE)</small>	<u>[Signature]</u> <small>SIGNATURE (CANDIDATE)</small>
<u>10/13/15</u> <small>DATE</small>	<u>Thomas Brennan</u> <small>PRINT FULL NAME (CANDIDATE)</small>	<u>[Signature]</u> <small>SIGNATURE (CANDIDATE)</small>
<u>DATE</u>	<u>PRINT FULL NAME (CANDIDATE)</u>	<u>SIGNATURE (CANDIDATE)</u>
<u>10/13/15</u> <small>DATE</small>	<u>Maureen Doherty</u> <small>PRINT FULL NAME (TREASURER)</small>	<u>[Signature]</u> <small>SIGNATURE (TREASURER)</small>

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.

<u>10/13/15</u> <small>DATE</small>	<u>Matthew Doherty</u> <small>PRINT FULL NAME (CANDIDATE)</small>	<u>[Signature]</u> <small>SIGNATURE (CANDIDATE)</small>
<u>10/13/15</u> <small>DATE</small>	<u>Thomas Brennan</u> <small>PRINT FULL NAME (CANDIDATE)</small>	<u>[Signature]</u> <small>SIGNATURE (CANDIDATE)</small>
<u>DATE</u>	<u>PRINT FULL NAME (CANDIDATE)</u>	<u>SIGNATURE (CANDIDATE)</u>
<u>10/13/15</u> <small>DATE</small>	<u>Maureen Doherty</u> <small>PRINT FULL NAME (TREASURER)</small>	<u>[Signature]</u> <small>SIGNATURE (TREASURER)</small>

FORM R-1		REPORT OF CONTRIBUTIONS AND EXPENDITURES		REPORT (CHECK ONE):	
<b>NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION</b> 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 type="checkbox"/> July 15, _____ <input checked="" type="checkbox"/> Oct. 15, <u>2015</u> <input type="checkbox"/> Jan. 15, _____	
CANDIDATE OR COMMITTEE NAME <u>Doherty for Mayor</u>				Amendment Yes <input type="checkbox"/> No <input checked="" 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				
ELECTION DATE <u>11/1/14</u>	ELECTION TYPE (CHECK ONE)	<input type="checkbox"/> PRIMARY	<input type="checkbox"/> MAY MUNICIPAL	<input type="checkbox"/> SCHOOL	<input type="checkbox"/> SPECIAL
	<input checked="" type="checkbox"/> GENERAL	<input type="checkbox"/> RUN-OFF	<input type="checkbox"/> FIRE DISTRICT		
<b>SUMMARY TABLES</b> DO NOT ATTEMPT TO COMPLETE TABLES I AND II UNTIL APPROPRIATE SCHEDULES HAVE BEEN COMPLETED					
<b>TABLE I. RECEIPTS</b>				<b>THIS REPORT</b>	<b>CUMULATIVE TO DATE</b>
1. MONETARY CONTRIBUTIONS / LOANS OF \$300 OR LESS				\$ 0	\$ 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
<b>TABLE II. EXPENDITURES</b>					
1. DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]				\$ 0	\$ 4094.84
2. DISBURSEMENTS - OTHER [Schedule 2(D)]				\$ 0	\$ 200.00
3. DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]				\$ 255.16	\$ 255.16
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)				\$ 255.16	\$ 4550.00
8. REFUNDED DISBURSEMENTS [Schedule F] (-)				\$ 0	\$ 0
9. TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)				\$ 255.16	\$ 4550.00

**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				
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>			<b>TOTAL, THIS PAGE</b>	<b>\$</b>
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>			<b>GRAND TOTAL</b>	<b>\$</b>

**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)			
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>		<b>TOTAL, THIS PAGE</b>	\$ _____
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>		<b>GRAND TOTAL</b>	\$ _____

**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			
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			
DATE(S) RECEIVED		AGGREGATE AMOUNT	CHECK IF CURRENCY <input type="checkbox"/>
		\$	
TOTAL AMOUNT OF LOANS RECEIVED THIS REPORT PERIOD			\$

**ADJUSTMENT SCHEDULE**

**Refund of Contributions**

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	REFUNDED AMOUNT
			\$
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>		<b>TOTAL, THIS PAGE</b>	\$
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>		<b>GRAND TOTAL</b>	\$



**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
				\$	\$	\$
				<b>TOTAL, THIS PAGE</b>		
				<b>GRAND TOTAL</b>		
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>				\$	\$	\$
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>				\$	\$	\$

**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
				\$	\$	\$
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>				<b>TOTAL, THIS PAGE</b>	\$	\$
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>				<b>GRAND TOTAL</b>	\$	\$

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

PAYMENT DATE	CHECK NO.	RECIPIENT CANDIDATE/COMMITTEE	ADDRESS	AMOUNT
7/22/15	Auto Debit	Election Fund Doherty + Brennan	112 Inlet Terrace Belmar	\$ 255.16
TOTAL, THIS PAGE				\$
<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>				
				1. \$
				2. \$ 0
				3. \$ 255.16

**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 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 \$

## STATEMENT OF CAMPAIGN DEPOSITORY AND CAMPAIGN TREASURER

Opening Balance, this report <small>(Insert closing balance of last report, or, if this is the first report filed by this entity for this election, insert zero.)</small>	\$ <u>255.16</u>
Funds Transferred from Prior Campaign	\$ <u>0</u>
Deposits (include interest)	\$ <u>0</u>
Disbursements (include bank charges)	\$ <u>255.16</u>
Closing Balance, this Report	\$ <u>0</u>
<u>Investors Savings</u> NAME OF BANK OR DEPOSITORY	<u>Doherty for Mayor</u> NAME OF ACCOUNT
<u>2426 Highway 34 Manalapan NJ 08734</u> ADDRESS OF BANK OR DEPOSITORY	
<u>Maureen Doherty</u> NAME OF TREASURER	*TELEPHONE NUMBER (DAY)
<u>146 North Ave Fanwood NJ</u> 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.

<u>10/13/15</u> DATE	<u>Matthew Doherty</u> PRINT FULL NAME (CANDIDATE)	<u>[Signature]</u> SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
<u>10/13/15</u> DATE	<u>Maureen Doherty</u> PRINT FULL NAME (TREASURER)	<u>[Signature]</u> SIGNATURE (TREASURER)

Treasurers for Governorial 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.

<u>10/13/15</u> DATE	<u>Matthew Doherty</u> PRINT FULL NAME (CANDIDATE)	<u>[Signature]</u> SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
<u>10/13/15</u> DATE	<u>Maureen Doherty</u> PRINT FULL NAME (TREASURER)	<u>[Signature]</u> SIGNATURE (TREASURER)