

FORM R-1	REPORT OF CONTRIBUTIONS AND EXPENDITURES	REPORT (CHECK ONE): <input checked="" 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 type="checkbox"/> Oct. 15, _____ <input type="checkbox"/> Jan. 15, _____
NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION P.O. Box 185, Trenton, NJ 08625-0185 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) www.elec.state.nj.us		
CANDIDATE OR COMMITTEE NAME THOMAS W. BRENNAN		
STREET ADDRESS 404 11TH AVENUE		Amendment Yes <input type="checkbox"/> No <input type="checkbox"/>
CITY BELMAR	STATE NJ	ZIP CODE 07719
For State Use Only		
COUNTY MONMOUTH	ELECTION DISTRICT OR MUNICIPALITY BELMAR, NJ	
POLITICAL PARTY, IF ANY DEMOCRATIC	OFFICE SOUGHT COUNCILMAN	
ELECTION DATE 11/7/2017	ELECTION TYPE (CHECK ONE) <input type="checkbox"/> PRIMARY <input type="checkbox"/> MAY MUNICIPAL <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> RUN-OFF	<input type="checkbox"/> SCHOOL <input type="checkbox"/> SPECIAL <input type="checkbox"/> FIRE DISTRICT
SUMMARY TABLES DO NOT ATTEMPT TO COMPLETE TABLES I AND II UNTIL APPROPRIATE SCHEDULES HAVE BEEN COMPLETED		
TABLE I. RECEIPTS		
	THIS REPORT	CUMULATIVE TO DATE
1. MONETARY CONTRIBUTIONS / LOANS OF \$300 OR LESS	\$ 0	\$ 0
2. MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]	\$ 5051. ⁰⁰	\$
3. IN-KIND CONTRIBUTIONS OF \$300 OR LESS	\$ 0	\$ 90,84
4. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]	\$ 0	\$ 90,84
5. LOANS RECEIVED IN EXCESS OF \$300 AND ALL CURRENCY LOANS [Schedule C]	\$ 0	\$
6. SUB TOTAL (ADD LINES 1 THRU 5)	\$ 5051. ⁰⁰	\$
7. REFUND OF CONTRIBUTIONS [Adjustment Schedule] (-)	\$ 0	\$ 0
8. TOTAL CONTRIBUTIONS	\$ 5051. ⁰⁰	\$
9. ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)	\$ 0	\$ 0
10. TOTAL RECEIPTS (ADD LINE 8 + LINE 9)	\$ 5051. ⁰⁰	\$ 6988,14
TABLE II. EXPENDITURES		
	THIS REPORT	CUMULATIVE TO DATE
1. DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]	\$ 1635.90	\$ 1635.90
2. DISBURSEMENTS - OTHER [Schedule 2(D)]	\$ 0	\$ 0
3. DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]	\$ 0	\$ 0
4. CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)]	\$ 0	\$ 0
5. IN-KIND CONTRIBUTIONS OF \$300 OR LESS (TABLE I, LINE 3)	\$ 0	\$ 0
6. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)	\$ 0	\$ 0
7. SUB TOTAL (ADD LINES 1 THRU 6)	\$ 1635.90	\$ 1635.90
8. REFUNDED DISBURSEMENTS [Schedule F] (-)	\$ 0	\$ 0
9. TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)	\$ 1635.90	\$ 1635.90

SCHEDULE A

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

CONTRIBUTOR NAME Doherty MATHEW DOHERTY		EMPLOYER NAME BOROUGH OF BELMAR	
CONTRIBUTOR ADDRESS 601 MAIN P.O. BOX A		EMPLOYER ADDRESS 601 MAIN P.O. BOX A	
BELMAR, NJ 07719		BELMAR, NJ, 07719	
CHECK IF CURRENCY <input type="checkbox"/>		AGGREGATE AMOUNT \$ 1500	DATE(S) RECEIVED 10/2/2017
OCCUPATION MAYOR		AMOUNT(S) RECEIVED THIS PERIOD \$ 1500	
CONTRIBUTOR NAME BILL YOUNG		EMPLOYER NAME PORT AUTHORITY OF NY + NJ	
CONTRIBUTOR ADDRESS 1702 A STREET		EMPLOYER ADDRESS 150 GREENWICH ST. 4 WTC	
BELMAR, NJ 07719		NY, NY, 10006	
CHECK IF CURRENCY <input checked="" type="checkbox"/>		AGGREGATE AMOUNT \$ 1000.00	DATE(S) RECEIVED 10/2/17
OCCUPATION GOVERN. RELATIONS		AMOUNT(S) RECEIVED THIS PERIOD \$ 1000.00	
CONTRIBUTOR NAME BRIAN McGOVERN		EMPLOYER NAME RETIRED	
CONTRIBUTOR ADDRESS 207 S. LAKE DRIVE		EMPLOYER ADDRESS "	
BELMAR, NJ. 07719		"	
CHECK IF CURRENCY <input type="checkbox"/>		AGGREGATE AMOUNT \$ 500	DATE(S) RECEIVED 10/2/17
OCCUPATION RETIRED		AMOUNT(S) RECEIVED THIS PERIOD \$ 9500.750 1550	
CONTRIBUTOR NAME CONLEEN CONNOLLY		EMPLOYER NAME BOROUGH OF BELMAR	
CONTRIBUTOR ADDRESS 601 MAIN STREET		EMPLOYER ADDRESS	
BELMAR, NJ			
CHECK IF CURRENCY <input type="checkbox"/>		AGGREGATE AMOUNT \$ 500	DATE(S) RECEIVED 10/2/17
OCCUPATION BUSINESS ADM. W.		AMOUNT(S) RECEIVED THIS PERIOD \$ 1500	
CONTRIBUTOR NAME ROEMARY VOELKEN		EMPLOYER NAME	
CONTRIBUTOR ADDRESS 527 8TH AVE		EMPLOYER ADDRESS	
BELMAR, NJ 07719			
CHECK IF CURRENCY <input type="checkbox"/>		AGGREGATE AMOUNT \$ 15-	DATE(S) RECEIVED 10/2/17
OCCUPATION RETIRED		AMOUNT(S) RECEIVED THIS PERIOD \$ 15	
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	\$ 3550
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$

SCHEDULE A

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

CONTRIBUTOR NAME MICHAEL CASSETY		EMPLOYER NAME		
CONTRIBUTOR ADDRESS 815 12TH AVE		EMPLOYER ADDRESS		
BELMAR, NJ 07719				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 50	DATE(S) RECEIVED 10/2/17	AMOUNT(S) RECEIVED THIS PERIOD \$ 50
OCCUPATION RETIRED				
CONTRIBUTOR NAME BUTCH NEUHAUS		EMPLOYER NAME SELF		
CONTRIBUTOR ADDRESS 1602 BIRCHWOOD LANE		EMPLOYER ADDRESS SAME		
WALL, NJ 07953				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 50	DATE(S) RECEIVED 10/2/17	AMOUNT(S) RECEIVED THIS PERIOD \$ 50.00
OCCUPATION GRAPHICS				
CONTRIBUTOR NAME ED WINDAS		EMPLOYER NAME MIDDLESEX COUNTY IMPROV. AUTH		
CONTRIBUTOR ADDRESS 416 7TH AVE		EMPLOYER ADDRESS 101 INTERCHANGE PLAZA		
BELMAR, NJ		CRAWFORD, NJ		
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED 10/2/17	AMOUNT(S) RECEIVED THIS PERIOD \$ 25
OCCUPATION SOLID WASTE MANAGER				
CONTRIBUTOR NAME GARY NEUWIRTH		EMPLOYER NAME SELF		
CONTRIBUTOR ADDRESS 19 MITCHELL TERR.		EMPLOYER ADDRESS SAME		
WEST LANE BRANCH, NJ 07764				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED 10/2/17	AMOUNT(S) RECEIVED THIS PERIOD \$ 50
OCCUPATION APPRAISER				
CONTRIBUTOR NAME JOHN BRABAZO		EMPLOYER NAME RETIRED		
CONTRIBUTOR ADDRESS 1100 C STREET		EMPLOYER ADDRESS		
BELMAR				
	CHECK IF CURRENCY <input checked="" type="checkbox"/>	AGGREGATE AMOUNT \$ 100	DATE(S) RECEIVED 10/2/17	AMOUNT(S) RECEIVED THIS PERIOD \$ 100
OCCUPATION RETIRED				
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE		\$ 275
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL		\$

SCHEDULE A

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

CONTRIBUTOR NAME JANET GROSS HANDLER		EMPLOYER NAME		
CONTRIBUTOR ADDRESS PO BOX 787		EMPLOYER ADDRESS		
BELMAR, NJ				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 50	DATE(S) RECEIVED 10/2/12	AMOUNT(S) RECEIVED THIS PERIOD \$ 50
OCCUPATION RETIRED				
CONTRIBUTOR NAME GENE CORY		EMPLOYER NAME		
CONTRIBUTOR ADDRESS 1201 L STREET		EMPLOYER ADDRESS		
BELMAR, NJ 07714				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 100	DATE(S) RECEIVED 12/2/12	AMOUNT(S) RECEIVED THIS PERIOD \$ 100
OCCUPATION RETIRED				
CONTRIBUTOR NAME DEBBIE PUNNE		EMPLOYER NAME		
CONTRIBUTOR ADDRESS 1623 MARIGOLD AVE		EMPLOYER ADDRESS		
WALL, NJ 08736				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 50	DATE(S) RECEIVED 12/2/12	AMOUNT(S) RECEIVED THIS PERIOD \$ 50
OCCUPATION RETIRED				
CONTRIBUTOR NAME DEBBIE MANDERKER		EMPLOYER NAME ROBERT MORRIS UNIV.		
CONTRIBUTOR ADDRESS 108 INLET TERRACE		EMPLOYER ADDRESS 601 UNIV BLD.		
BELMAR, NJ 07719		MOONTOWN, PA 15108		
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 50	DATE(S) RECEIVED 11/2/17	AMOUNT(S) RECEIVED THIS PERIOD \$ 50
OCCUPATION RETIRED				
CONTRIBUTOR NAME POLLY DELLOMO		EMPLOYER NAME ROBERT MORRIS UNIV.		
CONTRIBUTOR ADDRESS 300 17TH AVE		EMPLOYER ADDRESS UNIV. BLVD 6001 MOON TWN		
LAKE COMO, NJ 07719		MOON TOWN, PA 15108		
	CHECK IF CURRENCY <input checked="" type="checkbox"/>	AGGREGATE AMOUNT \$ 50	DATE(S) RECEIVED 10/2/17	AMOUNT(S) RECEIVED THIS PERIOD \$ 50
OCCUPATION ADJUNT INSTRUCTOR				
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	\$ 300	
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$	

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SCHEDULE A

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

CONTRIBUTOR NAME DAVE FRETZ			EMPLOYER NAME HB COMMUNICATIONS	
CONTRIBUTOR ADDRESS 2710 PIERCE ST. WALL NJ 07719			EMPLOYER ADDRESS 1130 ELBE AVE MOUNTAINSIDE, NJ 07099	
	CHECK IF CURRENCY <input checked="" type="checkbox"/>	AGGREGATE AMOUNT \$ 60	DATE(S) RECEIVED 10/2/17	AMOUNT(S) RECEIVED THIS PERIOD \$ 60
OCCUPATION ACCT. MANAGER				
CONTRIBUTOR NAME JEN NICOLAI			EMPLOYER NAME SELF	
CONTRIBUTOR ADDRESS 316 4TH AVE BELMAR, N.J. 07719			EMPLOYER ADDRESS	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 50	DATE(S) RECEIVED 10/2/17	AMOUNT(S) RECEIVED THIS PERIOD \$ 50
OCCUPATION SELF EMPLOYED				
CONTRIBUTOR NAME DONNA FALK			EMPLOYER NAME MANALAPAN SCHOOLS	
CONTRIBUTOR ADDRESS 506 11TH AVE BELMAR, NJ 07719			EMPLOYER ADDRESS MANALAPAN NJ.	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 100	DATE(S) RECEIVED 10/2/17	AMOUNT(S) RECEIVED THIS PERIOD \$ 100
OCCUPATION TEACHER				
CONTRIBUTOR NAME MARIA RONDARO			EMPLOYER NAME SAME	
CONTRIBUTOR ADDRESS 1246 PINETREE WAY BELMAR, NJ 07719			EMPLOYER ADDRESS SAME	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 60	DATE(S) RECEIVED 10/2/17	AMOUNT(S) RECEIVED THIS PERIOD \$ 60
OCCUPATION SELF				
CONTRIBUTOR NAME MARK FITZGERALD			EMPLOYER NAME INVENTORY BANK	
CONTRIBUTOR ADDRESS 1902 SURF AVE. BELMAR, NJ 07719			EMPLOYER ADDRESS 101 S. WOOD AVE ISELIN, NJ	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 50	DATE(S) RECEIVED 10/2/17	AMOUNT(S) RECEIVED THIS PERIOD \$ 50
OCCUPATION CISO				
(COMPLETE THIS LINE FOR EVERY PAGE USED)			TOTAL, THIS PAGE	\$ 320
(COMPLETE THIS LINE FOR LAST PAGE USED)			GRAND TOTAL	\$

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SCHEDULE A

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

CONTRIBUTOR NAME MEGAN LEVIS			EMPLOYER NAME BELMAR B.S.E.	
CONTRIBUTOR ADDRESS 904 13TH AVE			EMPLOYER ADDRESS MAIN ST. BELMAR 07719	
BELMAR, NJ 07719				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 50	DATE(S) RECEIVED 10/2/17	AMOUNT(S) RECEIVED THIS PERIOD \$ 50
OCCUPATION TEACHER				
CONTRIBUTOR NAME MICHELLE CASSERLY			EMPLOYER NAME HICKENSOCK/MEDICAN HEALTH	
CONTRIBUTOR ADDRESS 916 13TH AVE			EMPLOYER ADDRESS 1340 CAMPUS WAY	
BELMAR, NJ 07719			NEWARK, NJ 07153	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 50	DATE(S) RECEIVED 11/2/17	AMOUNT(S) RECEIVED THIS PERIOD \$ 50
OCCUPATION EVENT PLANNER				
CONTRIBUTOR NAME ACT BLUE			EMPLOYER NAME	
CONTRIBUTOR ADDRESS ELECTRONIC CONTRIBUTION DIRECT TO BANK			EMPLOYER ADDRESS	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED INCEPTION TO 10-1-17	AMOUNT(S) RECEIVED THIS PERIOD \$ 506.00
OCCUPATION NONE				
CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
CONTRIBUTOR NAME			EMPLOYER NAME	
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS	
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION				
(COMPLETE THIS LINE FOR EVERY PAGE USED)			TOTAL, THIS PAGE	\$ 606.00
(COMPLETE THIS LINE FOR LAST PAGE USED)			GRAND TOTAL	\$ 5051.00

Handwritten: 5

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

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

SCHEDULE C
Loans Received in Excess of \$300 and All Currency Loans

LENDER NAME <i>SANDY TAYLOR</i>		EMPLOYER NAME	
LENDER ADDRESS <i>302 11TH AVE</i>		EMPLOYER ADDRESS	
<i>BELMAR, NJ 07719</i>			
OCCUPATION <i>RETIRED</i>			
CO-SIGNER NAME		EMPLOYER NAME	
CO-SIGNER ADDRESS		EMPLOYER ADDRESS	
OCCUPATION		AMOUNT(S) RECEIVED THIS PERIOD	
		\$	
DATE(S) RECEIVED	AGGREGATE AMOUNT	CHECK IF CURRENCY <input type="checkbox"/>	
	\$		
LENDER NAME		EMPLOYER NAME	
LENDER ADDRESS		EMPLOYER ADDRESS	
OCCUPATION			
CO-SIGNER NAME		EMPLOYER NAME	
CO-SIGNER ADDRESS		EMPLOYER ADDRESS	
OCCUPATION		AMOUNT(S) RECEIVED THIS PERIOD	
		\$	
DATE(S) RECEIVED	AGGREGATE AMOUNT	CHECK IF CURRENCY <input type="checkbox"/>	
	\$		
TOTAL AMOUNT OF LOANS RECEIVED THIS REPORT PERIOD		\$	

ADJUSTMENT SCHEDULE

Refund of Contributions

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

SCHEDULE 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
8/13/17	1001	JOE LEBVIRATO	FOOD FOR FUND RAISER	\$ 612.00	\$	\$
8/14/17	1002	JOHN HUTCHINSON	T-SHIRTS	\$ 174.24		
8/27/17	1003	ACN GRAPHICS	PALON CARD PRINTING	\$ 849.66		
(COMPLETE THIS LINE FOR EVERY PAGE USED)				\$ 1635.90	\$	\$
(COMPLETE THIS LINE FOR LAST PAGE USED)				\$ 1635.90	\$	\$

SCHEDULE 2(D) - DISBURSEMENTS

Other

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
				\$	\$	\$
(COMPLETE THIS LINE FOR EVERY PAGE USED)				\$	\$	\$
(COMPLETE THIS LINE FOR LAST PAGE USED)				\$	\$	\$

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

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

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.)

\$ 0

Funds Transferred from Prior Campaign

\$ 0

Deposits (Include interest)

\$ 4876.80

Disbursements (Include bank charges)

\$ 16381.90


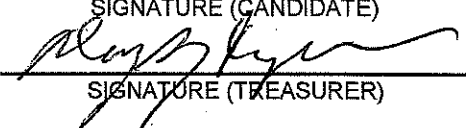
Closing Balance, this Report

\$ 6512.70

<u>KEANEY BANK</u>	<u>CAMPAIGN FUND TO Reelena</u>
NAME OF BANK OR DEPOSITORY	NAME OF ACCOUNT
<u>601 MAIN STREET</u>	<u>TOM BRENNAN</u>
ADDRESS OF BANK OR DEPOSITORY	
NAME OF TREASURER	<u>732-749-0034</u>
<u>DAVID Z. TAYLOR</u>	*TELEPHONE NUMBER (DAY)
ADDRESS OF TREASURER	<u>732-749-0034</u>

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.


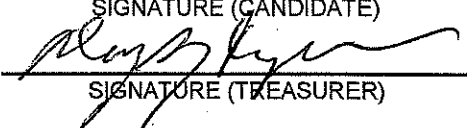
<input checked="" type="checkbox"/>	<u>10/10/17</u>	<u>Thomas W. Brennan</u>	
	DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
	____	____	____
	DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
	____	____	____
	DATE	PRINT FULL NAME (TREASURER)	SIGNATURE (TREASURER)
	<u>10/10/17</u>	<u>DAVID Z. TAYLOR</u>	
	DATE	PRINT FULL NAME (TREASURER)	SIGNATURE (TREASURER)

Treasurers for Gubernatorial and Legislative candidates are required to receive training with the New Jersey Election Law Enforcement Commission. Check here if you have completed the training and enter your Treasurer Training ID# _____

DECLARATION OF FINAL REPORT

If this is the final report, sign applicable Declaration below as well as Certification above. Chapter 65 of the Laws of 1993 requires that all filing entities continue to file reports with the Commission until all campaign business is wound up and the fund is dissolved.

I certify that all contributions or other monies received by this election fund have been disbursed, that there are no outstanding loans or other obligations, and that the election fund has wound up its business and has been dissolved.

<input checked="" type="checkbox"/>	<u>10/10/17</u>	<u>Thomas W. Brennan</u>	
	DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
	____	____	____
	DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
	____	____	____
	DATE	PRINT FULL NAME (TREASURER)	SIGNATURE (TREASURER)
	<u>10/10/17</u>	<u>DAVID Z. TAYLOR</u>	
	DATE	PRINT FULL NAME (TREASURER)	SIGNATURE (TREASURER)



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
 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532)
 Website: www.elec.state.nj.us

FORM D-1

ELEC Received
 Oct 08, 2017
 9:58 AM

Amendment

Candidate Name
 THOMAS W BRENNAN

Office Sought
 COUNCIL OR MUNICIPAL OFFICE

Candidate Committee Name
 CAMPAIGN TO REELECT TOM BRENNAN

Street Address
 404 11TH AVENUE

City BELMAR	State NJ	Zip Code 07719	*(Area Code) Day Telephone 732-829-4433	*(Area Code) Evening Telephone 732-829-4433
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Election Type: (Select One)	<input type="radio"/> Primary	<input type="radio"/> May Municipal	<input type="radio"/> Fire District	Election Date 11/07/2017
	<input checked="" type="radio"/> General	<input type="radio"/> Run-Off	<input type="radio"/> Special	

County MONMOUTH COUNTY	Legal Name of Election District or Municipality BELMAR BOROUGH	Political Party DEMOCRAT
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CHAIRPERSON

Name
 JOHN P HUTCHINSON

Mailing Address
 519 6TH AVENUE

City BELMAR	State NJ	Zip Code 07719	*(Area Code) Day Telephone 732-771-5840	*(Area Code) Evening Telephone 732-771-5840
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TREASURER

Name
 DAVID Z TAYLOR

Mailing Address
 302 11TH AVENUE

City BELMAR	State NJ	Zip Code 07719	*(Area Code) Day Telephone 732-749-0034	*(Area Code) Evening Telephone 732-749-0034
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Resident Address
 302 11TH AVENUE

City BELMAR	State NJ	Zip Code 07719
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DEPOSITORY INFORMATION

Name of Bank or Depository
 KEARNY BANK

Mailing Address
 611 MAIN STREET

City BELMAR	State NJ	Zip Code 07719	(Area Code) Day Telephone 732-280-5400
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Account Name
 CAMPAIGN FUND TO REELECT TOM BRENNAN

Account Number
 *****2631

*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
TOM BRENNAN

Mailing Address
404 11TH AVENUE

City BELMAR	State NJ	Zip Code 07719	*(Area Code) Day Telephone 732-829-4433	*(Area Code) Evening Telephone 732-849-4433
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Name
JOHN P HUTCHINSON

Mailing Address
519 6TH AVENUE

City BELMAR	State NJ	Zip Code 07719	*(Area Code) Day Telephone 723-771-5840	*(Area Code) Evening Telephone 732-771-5840
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Name
DAVID Z TAYLOR

Mailing Address
302 11TH AVENUE

City BELMAR	State NJ	Zip Code 07719	*(Area Code) Day Telephone 732-749-0034	*(Area Code) Evening Telephone 732-749-0034
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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 *****
THOMAS W BRENNAN 10/08/2017
Candidate 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 *****
JOHN P HUTCHINSON 10/08/2017
Chairperson Date

Registration Number ***** PIN *****
DAVID Z TAYLOR 10/08/2017
Treasurer 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.