



JOINT CANDIDATES COMMITTEE - CERTIFICATE OF ORGANIZATION AND DESIGNATION OF CAMPAIGN TREASURER AND DEPOSITORY

FORM D-2 FOR STATE USE ONLY

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/

RECEIVED 10-23-14

PLEASE TYPE OR PRINT

Candidate Name/Office Sought: Matthew Doherty - Mayor; Thomas Brennan - Council

Joint Candidates Committee Name: Election Fund of Doherty & Brennan

Committee Address (Number and Street, City, State, Zip Code): 112 Inlet Terrace Belmar NJ

\*(Area) Day Telephone: 732-681-1300; \*(Area) Evening Telephone

County: Monmouth; Legal Name of Election District or Municipality: Boro of Belmar

Election Date: 11/4/14; Political Party, if any: Democrat

Election Type: (CHECK ONE) Primary [ ] General [x] May Municipal [ ] Run-Off [ ] School [ ] Fire District [ ] Special [ ] Amendment Yes [ ] No [ ]

CHAIRPERSON

Name: Matthew Doherty

Mailing Address: 112 Inlet Terrace

City: Belmar; State: NJ; Zip Code: 07719

\*(Area) Day Telephone: 732-681-1300; \*(Area) Evening Telephone

TREASURER

Name: Maureen Doherty

Mailing Address: 6321 Cook Ave

City: Scotch Plains; State: NJ; Zip Code: 07076

\*(Area) Day Telephone: 908 490 0192; \*(Area) Evening Telephone

Resident Address: Same

City; State; Zip Code

DEPOSITORY INFORMATION

Name of Bank or Depository: Investors Bank

Mailing Address: 2426 Highway 34

City: Manasquan; State: NJ; Zip Code: 08736

(Area) Day Telephone

Account Name: EFO Doherty + Brennan; Account Number: 409 902 784

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

Name: Matthew Doherty

Mailing Address: 112 Inlet Terrace

City: Belmar State: NJ Zip Code: 07719

\*(Area) Day Telephone: 732-681-1300 \*(Area) Evening Telephone: \_\_\_\_\_

Name: Maurice Doherty

Mailing Address: 321 Cook Ave

City: Scotch Plains State: NJ Zip Code: 07719

\*(Area) Day Telephone: 908-490-0192 \*(Area) Evening Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\*(Area) Day Telephone: \_\_\_\_\_ \*(Area) Evening Telephone: \_\_\_\_\_

**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 joint candidates 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.

<u>6/19/14</u>	<u>Matthew Doherty</u>	<u>[Signature]</u>
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
<u>6/19/14</u>	<u>Thomas Brennan</u>	<u>[Signature]</u>
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)

**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.

<u>6/19/14</u>	<u>Matthew Doherty</u>	<u>[Signature]</u>
DATE	PRINT FULL NAME (CHAIRPERSON)	SIGNATURE (CHAIRPERSON)
<u>6/19/14</u>	<u>Maurice Doherty</u>	<u>[Signature]</u>
DATE	PRINT FULL NAME (TREASURER)	SIGNATURE (TREASURER)

Treasurers for Governatorial 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# \_\_\_\_\_

RECEIVED  
6-23-14

<b>FORM R-1</b>	<b>REPORT OF CONTRIBUTIONS AND EXPENDITURES</b>	<b>REPORT (CHECK ONE):</b> <input type="checkbox"/> 29 - DAY PRE-ELECTION <input type="checkbox"/> 11 - DAY PRE-ELECTION <input checked="" 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, _____
<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		
CANDIDATE OR COMMITTEE NAME <i>Election Fund of Doherty + Brennan</i>		Amendment Yes <input type="checkbox"/> No <input type="checkbox"/>
STREET ADDRESS <i>112 Inlet Terrace</i>		
CITY <i>Belmar</i>	STATE <i>NJ</i>	ZIP CODE <i>07719</i>
COUNTY <i>Monmouth</i>	ELECTION DISTRICT OR MUNICIPALITY <i>Belmar</i>	
POLITICAL PARTY, IF ANY <i>Democrat</i>	OFFICE SOUGHT <i>Council / Mayor</i>	
ELECTION DATE	ELECTION TYPE (CHECK ONE)	<input checked="" type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> MAY MUNICIPAL <input type="checkbox"/> RUN-OFF <input type="checkbox"/> SCHOOL <input type="checkbox"/> FIRE DISTRICT <input type="checkbox"/> SPECIAL

**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	\$ <i>0</i>	\$ <i>6750</i>
2. MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]	\$ <i>1400</i>	\$ <i>5130</i>
3. IN-KIND CONTRIBUTIONS OF \$300 OR LESS	\$ <i>0</i>	\$ <i>0</i>
4. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]	\$ <i>0</i>	\$ <i>0</i>
5. LOANS RECEIVED IN EXCESS OF \$300 AND ALL CURRENCY LOANS [Schedule C]	\$ <i>0</i>	\$ <i>0</i>
6. SUB TOTAL (ADD LINES 1 THRU 5)	\$ <i>1400</i>	\$ <i>11880</i>
7. REFUND OF CONTRIBUTIONS [Adjustment Schedule] (-)	\$ <i>0</i>	\$ <i>500</i>
8. TOTAL CONTRIBUTIONS	\$ <i>1400</i>	\$ <i>11380</i>
9. ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)	\$ <i>0</i>	\$ <i>0</i>
10. TOTAL RECEIPTS (ADD LINE 8 + LINE 9)	\$ <i>1400</i>	\$ <i>11380</i>

TABLE II. EXPENDITURES	THIS REPORT	CUMULATIVE TO DATE
1. DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]	\$ <i>10,580</i>	\$ <i>11,090</i>
2. DISBURSEMENTS - OTHER [Schedule 2(D)]	\$ <del>120</del> <i>130</i>	\$ <i>130</i>
3. DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]	\$ <i>0</i>	\$ <i>0</i>
4. CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)]	\$ <i>0</i>	\$ <i>0</i>
5. IN-KIND CONTRIBUTIONS OF \$300 OR LESS (TABLE I, LINE 3)	\$ <i>0</i>	\$ <i>0</i>
6. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)	\$ <i>0</i>	\$ <i>0</i>
7. SUB TOTAL (ADD LINES 1 THRU 6)	\$ <i>10710</i>	\$ <i>11,200</i>
8. REFUNDED DISBURSEMENTS [Schedule F] (-)	\$ <i>0</i>	\$ <i>0</i>
9. TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)	\$ <i>10,710</i>	\$ <i>11,200</i>

**SCHEDULE A**  
**Monetary Contributions in Excess of \$300 and All Currency Contributions**

check

check

CONTRIBUTOR NAME <i>Barbara Barnes</i>			EMPLOYER NAME <i>n/a</i>		
CONTRIBUTOR ADDRESS <i>19 South field Rd</i>			EMPLOYER ADDRESS		
<i>Edison NJ 08820</i>					
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ <i>400</i>	DATE(S) RECEIVED <i>5/30/14</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>400</i>	
OCCUPATION <i>retired</i>					
CONTRIBUTOR NAME <i>Arkadiusz Dembiak</i>			EMPLOYER NAME <i>self employed</i>		
CONTRIBUTOR ADDRESS <i>9 Greenwich Dr.</i>			EMPLOYER ADDRESS <i>same as home</i>		
<i>Jackson NJ 08527</i>					
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ <i>1000</i>	DATE(S) RECEIVED <i>6/3/14</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>1000-</i>	
OCCUPATION <i>Real estate</i>					
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>	\$ <i>1400</i>		
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>		<b>GRAND TOTAL</b>	\$ <i>1400</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		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"/>	
	\$		
<b>TOTAL AMOUNT OF LOANS RECEIVED THIS REPORT PERIOD</b>		\$	

# 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
5/23/14	Debit	Harrah's Hotel 777 Harrahs Blvd Atlantic City 08401	room rental	\$ 155.90	\$	\$
6/18/14	Auto	EFO Dehety & Brenna- general election	general election transfer	10,424.15		
<b>TOTAL, THIS PAGE</b>				\$ <del>10,580.00</del>	\$	\$
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>						
<b>GRAND TOTAL</b>				\$ 10,580.00	\$	\$
<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
6/10/14	Auto	Investor's Bank Highway 34 Manasquan 08736	bounced check of \$100 and \$30 fee	\$ 130	\$	\$
(COMPLETE THIS LINE FOR EVERY PAGE USED)				\$ 130	\$	\$
(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				
<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. \$
				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.) \$ 9310

**Funds Transferred from Prior Campaign**

\$ 0

**Deposits** (Include interest)

\$ 1400

**Disbursements** (Include bank charges)

\$ 10710

**Closing Balance, this Report**

\$ 0

Investors Savings EFO Doherty & Brennan  
NAME OF BANK OR DEPOSITORY NAME OF ACCOUNT




910 N3 7 Spring Lake Heights 07762  
ADDRESS OF BANK OR DEPOSITORY

Maurcen Doherty 908-490-0192  
NAME OF TREASURER \*TELEPHONE NUMBER (DAY)

\_\_\_\_\_  
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>6/20/14</u> DATE	<u>Matthew Doherty</u> PRINT FULL NAME (CANDIDATE)	<u></u> SIGNATURE (CANDIDATE)
<u>6/20/14</u> DATE	<u>Thomas Brennan</u> PRINT FULL NAME (CANDIDATE)	<u></u> SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
<u>6/20/14</u> DATE	<u>Maurcen Doherty</u> PRINT FULL NAME (TREASURER)	<u></u> 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.

<u>6/20/14</u> DATE	<u>Matthew Doherty</u> PRINT FULL NAME (CANDIDATE)	<u></u> SIGNATURE (CANDIDATE)
<u>6/20/14</u> DATE	<u>Thomas Brennan</u> PRINT FULL NAME (CANDIDATE)	<u></u> SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
<u>6/20/14</u> DATE	<u>Maurcen Doherty</u> PRINT FULL NAME (TREASURER)	<u></u> SIGNATURE (TREASURER)