

9. TOTAL EXPENDITURES	(LINE 7 MINUS LINE 8)	\$ 0	\$ 0
8. REFUNDED DISBURSEMENTS [Schedule F]	(-)	\$ 0	\$ 0
7. SUB TOTAL	(ADD LINES 1 THRU 6)	\$ 0	\$ 0
6. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE 1, LINE 4)		\$ 0	\$ 0
5. IN-KIND CONTRIBUTIONS OF \$300 OR LESS (TABLE 1, LINE 3)		\$ 0	\$ 0
4. CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rate Amount Schedules 1(D) and 2(D)]		\$ 0	\$ 0
3. DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]		\$ 0	\$ 0
2. DISBURSEMENTS - OTHER [Schedule 2(D)]		\$ 0	\$ 0
1. DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]		\$ 0	\$ 0

TABLE II. EXPENDITURES

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

TABLE I. RECEIPTS

THIS REPORT CUMULATIVE TO DATE

SUMMARY TABLES DO NOT ATTEMPT TO COMPLETE TABLES I AND II UNTIL APPROPRIATE SCHEDULES HAVE BEEN COMPLETED

ELECTION DATE: 6/2/15
 ELECTION TYPE: PRIMARY GENERAL (CHECK ONE)
 MAY MUNICIPAL RUN-OFF FIRE DISTRICT SCHOOL SPECIAL

CITY: Kelms
 STATE: NJ
 ZIP CODE: 07719
 ELECTION DISTRICT OR MUNICIPALITY: Belmar
 POLITICAL PARTY, IF ANY: Democrat
 OFFICE SOUGHT: Council

STREET ADDRESS: 316 4th Ave
 CANDIDATE OR COMMITTEE NAME: Nisalay for Council

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

REPORT (CHECK ONE):
 29 - DAY PRE-ELECTION
 11 - DAY PRE-ELECTION
 20 - DAY POST-ELECTION
 Apr. 15, _____
 July 15, _____
 Oct. 15, _____
 Jan. 15, _____

FORM R-1 REPORT OF CONTRIBUTIONS AND EXPENDITURES

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

ADJUSTMENT SCHEDULE
Refund of Contributions

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
<i>(This area is crossed out with a diagonal line)</i>						
(COMPLETE THIS LINE FOR EVERY PAGE USED)			TOTAL, THIS PAGE	\$	\$	\$
(COMPLETE THIS LINE FOR LAST PAGE USED)			GRAND TOTAL	\$	\$	\$

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)				TOTAL, THIS PAGE	\$	\$
(COMPLETE THIS LINE FOR LAST PAGE USED)				GRAND TOTAL	\$	\$

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

PAYMENT DATE	CHECK NO.	RECIPIENT CANDIDATE/COMMITTEE	ADDRESS	AMOUNT
<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>				
TOTAL, THIS PAGE				\$
				1. \$
				2. \$
				3. \$

Amount	Description	Address	Full Name	Check #	Date(s)
\$	SCHEDULE F TOTAL				

Refunded Disbursements

SCHEDULE F

Amount	Description	Address	Creditor's Name	Date(s)
\$	TOTAL OUTSTANDING OBLIGATIONS			

Outstanding Obligations

SCHEDULE E

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 \$
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 \$

SCHEDULE G
Recipients of In-Kind Contributions

New Jersey Election Law Enforcement Commission Form R-1 Revised 03/07/2013 Pursuant to N.J.S.A. 17:14-1.1, an unlisted telephone number is not a public record and must not be provided on this form.

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.

DATE 6/25/15	PRINT FULL NAME (CANDIDATE) Maurice Doherty	SIGNATURE (CANDIDATE) <i>Maurice Doherty</i>
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
DATE 6/25/15	PRINT FULL NAME (CANDIDATE) Jennifer Nielday	SIGNATURE (CANDIDATE) <i>Jennifer Nielday</i>
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
DATE 6/25/15	PRINT FULL NAME (TREASURER) Maurice Doherty	SIGNATURE (TREASURER) <i>Maurice Doherty</i>
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# _____

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.

DATE 6/25/15	PRINT FULL NAME (CANDIDATE) Jennifer Nielday	SIGNATURE (CANDIDATE) <i>Jennifer Nielday</i>
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
DATE 6/25/15	PRINT FULL NAME (TREASURER) Maurice Doherty	SIGNATURE (TREASURER) <i>Maurice Doherty</i>
DATE	PRINT FULL NAME (TREASURER)	SIGNATURE (TREASURER)

STATEMENT OF CAMPAIGN DEPOSITORY AND CAMPAIGN TREASURER

(Insert closing balance of last report, or, if this is the first report filed by this entity for this election, insert zero.)

Opening Balance, this report	\$ 0
Funds Transferred from Prior Campaign	\$ 0
Deposits (include interest)	\$ 0
Disbursements (include bank charges)	\$ 0
Closing Balance, this Report	\$ 0

NAME OF BANK OR DEPOSITORY: Investors Savings
 ADDRESS OF BANK OR DEPOSITORY: 1001 Highway 31 Springfield Heights
 NAME OF TREASURER: Maurice Doherty
 ADDRESS OF TREASURER: 146 North Ave Farwood NJ
 *TELEPHONE NUMBER (DAY):
 NAME OF ACCOUNT: Nielday for Council