



RECEIPTS AND EXPENDITURES QUARTERLY REPORT

FORM R-3
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/

PLEASE TYPE OR PRINT

Committee Name or Approved Acronym
Belmar Democratic Committee

Address (Number and Street) Check if different than previously reported

1300 State Rte 71, Unit 107,

City, State, Zip Code
Belmar, NJ, 07719

ELEC Identification Number
H1307000311A2009

Committee Type
 CPC PPC LLC

Check if:
 Amendment First Report Filed

Report Quarter
 Apr 15 Jul 15 Oct 15 Jan 15 Year 2012

Do not attempt to complete the "Depository Information" or the "Net Financial Summary" until the appropriate schedules have been completed.

DEPOSITORY INFORMATION

Period Covered	From		Through	Column A	Column B
	10-1-11		12-31-11	This Report	Calendar Year-to-Date
1. Cash on Hand, January 1, <u>2011</u>					101.79
2. Cash on Hand, Beginning of Reporting Period				148.33	
3. Monetary Receipts			(+)	1,056	3,788.56
4. Subtotal				1,204.33	3,890.35
5. Monetary Expenditures			(-)	1,022.82	3,708.84
6. Cash on Hand, Close of Reporting Period				181.51	181.51

NET FINANCIAL SUMMARY

7. Cash on Hand, Close of Reporting Period					181.51
8. Debt owed to Committee			(+)		0
9. Subtotal					181.51
10. Debt Owed by Committee			(-)		0
11. Total (Net Worth)					181.51

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.

1-15-12
DATE

Conor Egan
PRINT NAME

[Signature]
SIGNATURE

1000 River Rd 86
ADDRESS

732-440-8360
*(AREA CODE) DAY TELEPHONE NUMBER

Belmar, NJ, 07719

732-440-8360
*(AREA CODE) EVENING TELEPHONE NUMBER

Do not attempt to complete Tables I and II until the appropriate schedules have been completed.

TABLE I RECEIPTS	Column A	Column B
	This Report	Calendar Year-to-Date
Monetary Receipts		
1. Contributions, \$300 or less	106	2,368.56
2. Contributions, more than \$300 (Schedule A)	950	1,420
2a. Currency Contributions (Schedule A)	0	0
3. Total (Add lines 1, 2 and 2a)	1,056	3,788.56
4. Refund of Excessive Contributions (Adjustment Schedule) (-)	0	0
5. Subtotal (Subtract line 4 from line 3)	1,056	3,788.56
Other Receipts		
6. Reimbursements/Refunds (Schedule A)	0	0
7. Dividends/Interest (Schedule A)	0	0
8. Loans Received by Committee, \$300 or Less	0	0
9. Loans Received by Committee more than \$300 and all Currency Loans (Schedule B)	0	0
10. Total Monetary Receipts (Add lines 5 through 9)	1,056	3,788.56
11. In-kind Contributions, \$300 or less	0	0
12. In-kind Contributions, more than \$300 (Schedule A)	0	0
13. Gross Receipts (Add lines 10, 11 and 12)	1,056	3,788.56
TABLE II EXPENDITURES		
14. Operating Disbursement (Schedule C)	1,022.82	2,258.84
Contributions (from the Committee) to:		
15a. NJ Gubernatorial Candidates/Committees (Schedule D)	0	0
15b. NJ Legislative Candidates/Committees (Schedule D)	0	250
15c. All other Candidates/Committees (Schedule D)	0	200
Expenditures Made on Behalf of:		
16a. NJ Gubernatorial Candidates/Committees (Schedule E)	0	0
16b. NJ Legislative Candidates/Committees (Schedule E)	0	0
16c. All other Candidates/Committees (Schedule E)	0	1,000
17. Loan Payments (Schedule B)	0	0
18. Total Monetary Expenditures (Add lines 14 through 17)	1,022.82	3,708.84
19. In-kind contributions, \$300 or Less (Table I, Line 11)	0	0
20. In-kind contributions, more than \$300 (Table I, Line 12)	0	0
21. Gross Expenditures (Add lines 18 through 20)	1,022.82	3,708.84

DEPOSITORY SUMMARY - PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

Committee Name: Belmar Democratic Committee

BANK ACCOUNT INFORMATION

1. Name of Bank Kearny Federal Savings (Area Code) Telephone Number 732-280-5400

Mailing Address 611 Main St

City, State, Zip Code Belmar, NJ, 07719

Account Name Checking

Opening Balance this Period <u>113.98</u>	Deposits this Period <u>950</u>	Disbursements this Period <u>957.66</u>	Closing Balance this Period <u>106.32</u>
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If the committee has more than one bank account within the same bank, the name(s) of the additional account(s) must be provided.

Account Name _____

Opening Balance this Period	Deposits this Period	Disbursements this Period	Closing Balance this Period
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2. Name of Bank Pay Pal (Area Code) Telephone Number 888-221-1161

Mailing Address 2211 North 1st St

City, State, Zip Code San Jose, CA, 95131

Account Name Checking

Opening Balance this Period <u>34.35</u>	Deposits this Period <u>106</u>	Disbursements this Period <u>65.16</u>	Closing Balance this Period <u>75.19</u>
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If the committee has more than one bank account within the same bank, the name(s) of the additional account(s) must be provided.

Account Name _____

Opening Balance this Period	Deposits this Period	Disbursements this Period	Closing Balance this Period
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OTHER ASSETS

Other than the bank account(s) listed above, does this committee hold any of the following (please X):

<input type="checkbox"/> Investment Institution Money Market Account	<input type="checkbox"/> Bonds
<input type="checkbox"/> Certificate of Deposit (C.D.)	<input type="checkbox"/> Stocks
<input type="checkbox"/> Mutual Fund Account	<input type="checkbox"/> Real Property
<input type="checkbox"/> Other (please specify) _____	

For each item checked ("X") above (other than real property), please complete the following information. If real property is held, a Real Property Schedule must be filed as part of the Form R-3. Contact the Commission for a Real Property Schedule and instructions.

1. Name of Depository or Issuer _____ (Area Code) Telephone Number _____

Mailing Address _____

City, State, Zip Code _____

Account Name _____

Type of Asset
 Money Market C.D. Mutual Fund Bonds Stocks Other (specify) _____

Value of Asset at Purchase if Applicable _____ Date of Maturity, if Applicable _____

Opening Balance this Period	Deposits this Period	Disbursements this Period	Closing Balance this Period
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ITEMIZED RECEIPTS (Other than Loans)		SCHEDULE A		Page No. 4 of 11	
PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.					
Receipt Type (Use a separate "Schedule A" for each type and for each separate account.)					
<input type="checkbox"/> Currency		<input checked="" type="checkbox"/> All other Monetary Contributions		<input type="checkbox"/> In-Kind Contributions-Expenditures Made by Others	
<input type="checkbox"/> Reimbursements/Refunds of Disbursements		<input type="checkbox"/> Dividends/Interest			
Committee Name <i>Belmar Democratic Committee</i>					
Account Name <i>Checking</i>					
Contributor Name <i>Jan & Connie LoCouncil 2011</i>		State Use Only		Contributor Address (Number and Street) <i>1320 State Rte 71, Unit 107</i>	
Occupation <i>N/A</i>		State Use Only		City, State, Zip Code <i>Belmar, NJ, 07719</i>	
Employer Name <i>N/A</i>				Date(s) Received this Period	Amount(s) Received this Period
Employer Address <i>N/A</i>				<i>11-2-11</i>	<i>250</i>
City, State, Zip Code <i>N/A</i>				<i>11-5-11</i>	<i>200</i>
Receipt Description (If In-Kind) <i>N/A</i>		Aggregate Year-to-Date <i>950</i>		<i>11-7-11</i>	<i>300</i>
				<i>12-29-11</i>	<i>200</i>
Contributor Name		State Use Only		Contributor Address (Number and Street)	
Occupation		State Use Only		City, State, Zip Code	
Employer Name				Date(s) Received	Amount(s) Received
Employer Address					
City, State, Zip Code					
Receipt Description (If In-Kind)		Aggregate Year-to-Date			
Contributor Name		State Use Only		Contributor Address (Number and Street)	
Occupation		State Use Only		City, State, Zip Code	
Employer Name				Date(s) Received	Amount(s) Received
Employer Address					
City, State, Zip Code					
Receipt Description (If In-Kind)		Aggregate Year-to-Date			
Contributor Name		State Use Only		Contributor Address (Number and Street)	
Occupation		State Use Only		City, State, Zip Code	
Employer Name				Date(s) Received	Amount(s) Received
Employer Address					
City, State, Zip Code					
Receipt Description (If In-Kind)		Aggregate Year-to-Date			
1. SUBTOTAL (Add all receipts listed on this page.)					<i>950</i>
2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)					<i>950</i>

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.
Use a separate "SCHEDULE B" for each separate account.

Committee Name Belmar Democratic Committee

Account Name

Name and Address of Lender	Original Loan Amount	New Loan this Period	Total Amount of Loan Plus Interest	Outstanding Balance this Period
	Payments this Period	Amount	Check No(s)	Date(s)

Occupation Terms: Date Incurred Date Due Annual Interest Rate

Employer Name and Address (Number, Street, City, State and Zip Code) Aggregate Year-to-Date

1. Name and Address of Guarantor Amount Outstanding

Occupation Employer Name and Address (Number, Street, City, State and Zip Code) Aggregate Year-to-Date

2. Name and Address of Guarantor Amount Outstanding

Occupation Employer Name and Address (Number, Street, City, State and Zip Code) Aggregate Year-to-Date

Name and Address of Lender	Original Loan Amount	New Loan this Period	Total Amount of Loan Plus Interest	Outstanding Balance this Period
	Payments this Period	Amount	Check No(s)	Date(s)
Occupation	Terms	Date Incurred	Date Due	Annual Interest Rate

Employer Name and Address (Number, Street, City, State and Zip Code) Aggregate Year-to-Date

1. Name and Address of Guarantor Amount Outstanding

Occupation Employer Name and Address (Number, Street, City, State and Zip Code) Aggregate Year-to-Date

2. Name and Address of Guarantor Amount Outstanding

Occupation Employer Name and Address (Number, Street, City, State and Zip Code) Aggregate Year-to-Date

1. TOTAL NEW LOANS, THIS PERIOD (Complete this line on the last page used. Carry forward to Page 2, Line 9, Column A.) 0

2. TOTAL AMOUNT OF LOANS PLUS INTEREST, THIS PERIOD 0

3. TOTAL LOAN PAYMENTS, THIS PERIOD (Complete this line on the last page used. Carry forward to Page 2, Line 17, Column A.) 0

4. TOTAL OF ALL OUTSTANDING LOANS PLUS INTEREST (Complete this line on the last page used. Carry back to Page 10, "Schedule F", Line 1.) 0

ITEMIZED EXPENDITURES MADE AND INCURRED ON BEHALF OF CANDIDATES/COMMITTEES	SCHEDULE E	Page No. 9 of 11		
PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED. Use a separate "SCHEDULE E" for each separate account and each separate recipient type.				
<input type="checkbox"/> New Jersey Gubernatorial Candidates/Committees <input type="checkbox"/> New Jersey Legislative Candidates/Committees <input type="checkbox"/> All Other Candidates/Committees				
Committee Name Belmas Democratic Committee				
Account Name				
Payee Name and Address <small>(Number, Street, City, State and Zip Code)</small>	Purpose	Amount(s) this Period <small>Incurring/Not Paid Disbursed</small>	Transaction <small>Date(s)</small>	Check <small>No(s)</small>
ALLOCATION OF EXPENDITURES BENEFITING CANDIDATE(S)/COMMITTEE(S)				
Candidate/Committee Name	Election Date	District or County or Municipality	Pro-Rated Amount	
Payee Name and Address <small>(Number, Street, City, State and Zip Code)</small>	Purpose	Amount(s) this Period <small>Incurring/Not Paid Disbursed</small>	Transaction <small>Date(s)</small>	Check <small>No(s)</small>
ALLOCATION OF EXPENDITURES BENEFITING CANDIDATE(S)/COMMITTEE(S)				
Candidate/Committee Name	Election Date	District or County or Municipality	Pro-Rated Amount	
1. SUBTOTAL (Add all disbursements made to each recipient type listed on this page.)			0	
2. TOTAL DISBURSEMENTS, THIS PERIOD (Complete this line on the last page used for each recipient type. Carry forward to Page 2, either Line 16a, Line 16b, or Line 16c, Column A.)			0	
3. SUBTOTAL (Add all outstanding obligations incurred/not paid, listed on this page.)			0	
4. TOTAL OUTSTANDING OBLIGATIONS INCURRED/NOT PAID (Complete this line on the last page used. Carry back to Page 10, "Schedule F", Line 2.)			0	

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.
 Use a separate "SCHEDULE F" for each separate account.

Committee Name *Belmar Democratic Committee*

Account Name

Creditor Name and Address (Number, Street, City, State, and Zip Code)	Outstanding Beginning Balance this Period	Amount Incurred this Period	Payments this Period	Outstanding Balance this Period
Debt Purpose				
Debt Purpose				
Debt Purpose				
Debt Purpose				

SUMMARY OF DEBTS AND OBLIGATIONS	0
1. TOTAL OUTSTANDING LOANS PLUS INTEREST FROM SCHEDULE B, PAGE 5, LINE 4	0
2. TOTAL OUTSTANDING OBLIGATIONS INCURRED/NOT PAID ON BEHALF OF CANDIDATES/COMMITTEES FROM SCHEDULE E, PAGE 9, LINE 4	0
3. TOTAL OUTSTANDING OBLIGATIONS, SCHEDULE F (Complete this line on the last page used.)	0
4. TOTAL OUTSTANDING DEBTS/OBLIGATIONS OWED BY COMMITTEE (Add lines 1, 2 and 3. Carry forward to front page, Line 10.)	0

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.
Use a separate "SCHEDULE G" for each separate account.

Committee Name Belmas Democratic Committee

Account Name _____

Debtor Name and Address (Number, Street, City, State, and Zip Code)	Balance Due at beginning of this Period	New Amount this Period	Total Amount Received this Period	Balance Due at Close of this Period
Date Debt Incurred	Debt Description			
Date Debt Incurred	Debt Description			
Date Debt Incurred	Debt Description			
Date Debt Incurred	Debt Description			
Date Debt Incurred	Debt Description			

SUMMARY OF DEBTS AND OBLIGATIONS	
1. SUBTOTAL (Add all debts and obligations owed to committee listed on this page.)	<u>0</u>
2. TOTAL DEBTS AND OBLIGATIONS OWED TO COMMITTEE (Complete this line on the last page used. Carry forward to front page, Line 8.)	<u>0</u>

<u>Contributor</u>	<u>Address</u>	<u>Amount</u>	<u>Date</u>
Jen and Connie for Council 2011	1320 State Rte 71, Unit 107, Belmar, NJ, 07719	\$250.00	11/2/11
Jen and Connie for Council 2011	1320 State Rte 71, Unit 107, Belmar, NJ, 07719	\$200.00	11/5/11
Jen and Connie for Council 2011	1320 State Rte 71, Unit 107, Belmar, NJ, 07719	\$300.00	11/7/11
Jen and Connie for Council 2011	1320 State Rte 71, Unit 107, Belmar, NJ, 07719	\$200.00	12/29/11
John Bonevich	16 Firestone Dr, Howell, NJ, 07731	\$1.00	11/4/11
John Hutchinson	519 6th Ave, Belmar, NJ, 07719	\$15.00	10/22/11
John Hutchinson	519 6th Ave, Belmar, NJ, 07719	\$15.00	11/22/11
John Hutchinson	519 6th Ave, Belmar, NJ, 07719	\$15.00	12/22/11
Luis Pulido	1320 State Rte 71, Unit 107, Belmar, NJ, 07719	\$20.00	10/22/11
Luis Pulido	1320 State Rte 71, Unit 107, Belmar, NJ, 07719	\$20.00	11/22/11
Luis Pulido	1320 State Rte 71, Unit 107, Belmar, NJ, 07719	\$20.00	12/22/11

\$1,056.00