



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
1320 State Rd 71, Unit 107

City, State, Zip Code: Belmar, NJ, 07719 ELEC Identification Number: H1307000311Q2009

Committee Type: CPC PPC LLC
Check if: Amendment First Report Filed
Report Quarter: Apr 15 Jul 15 Oct 15 Jan 15 Year: 2011

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

DEPOSITORY INFORMATION		Column A	Column B
Period Covered	From	Through	Calendar Year-to-Date
1. Cash on Hand, January 1, <u>2011</u>			<u>101.79</u>
2. Cash on Hand, Beginning of Reporting Period			
3. Monetary Receipts		(+)	
4. Subtotal			
5. Monetary Expenditures		(-)	
6. Cash on Hand, Close of Reporting Period			

NET FINANCIAL SUMMARY		Column A	Column B
7. Cash on Hand, Close of Reporting Period			<u>148.33</u>
8. Debt owed to Committee		(+)	<u>0</u>
9. Subtotal			<u>148.33</u>
10. Debt Owed by Committee		(-)	<u>0</u>
11. Total (Net Worth)			<u>148.33</u>

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.

10/13/11 DATE Conor Egan PRINT NAME [Signature] SIGNATURE

1000 River Rd 8L ADDRESS 732-440-8360 *(AREA CODE) DAY TELEPHONE NUMBER

Belmar, NJ, 07719 ADDRESS Same *(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
Monetary Receipts	This Report	Calendar Year-to-Date
1. Contributions, \$300 or less	255	2,262.56
2. Contributions, more than \$300 (Schedule A)	60	470
2a. Currency Contributions (Schedule A)	0	0
3. Total (Add lines 1, 2 and 2a)	315	2,732.56
4. Refund of Excessive Contributions (Adjustment Schedule) (-)	0	0
5. Subtotal (Subtract line 4 from line 3)	315	2,732.56
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)	315	2,732.56
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)	315	2,732.56
TABLE II EXPENDITURES		
14. Operating Disbursement (Schedule C)	440.27	1,236.02
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)	440.27	2,686.02
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)	440.27	2,686.02

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 Bank (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>190.82</u>	Deposits this Period <u>318.00</u>	Disbursements this Period <u>394.85</u>	Closing Balance this Period <u>113.97</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 _____

2. Name of Bank PayPal (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>82.78</u>	Deposits this Period <u>115.00</u>	Disbursements this Period <u>163.43</u>	Closing Balance this Period <u>34.35</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 _____

OTHER ASSETS

Other than the bank account(s) listed above, does this committee hold any of the following (please X):
 Investment Institution Money Market Account Bonds
 Certificate of Deposit (C.D.) Stocks
 Mutual Fund Account Real Property
 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 _____

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.)
 Currency All other Monetary Contributions In-Kind Contributions-Expenditures Made by Others
 Reimbursements/Refunds of Disbursements Dividends/Interest

Committee Name *Belmar Democratic Committee*

Account Name *Checking*

Contributor Name *Luis Pulido* State Use Only Contributor Address (Number and Street) *1300 State Rd 71, Unit 107*

Occupation *Self-Employed* State Use Only City, State, Zip Code *Belmar, NJ, 07719*

Employer Name *Self* Date(s) Received this Period Amount(s) Received this Period

Employer Address *1300 State Rd 71, Unit 107* *7-22-11* *20*

City, State, Zip Code *Belmar, NJ, 07719* *8-22-11* *20*

Receipt Description (If In-Kind) Aggregate Year-to-Date *590* *9-22-11* *20*

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.) *60*
 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.) *60*

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 Checking

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
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2. Name and Address of Guarantor _____ Amount Outstanding _____

Occupation	Employer Name and Address (Number, Street, City, State and Zip Code)	Aggregate Year-to-Date
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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
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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. <u>9</u> of <u>11</u>		
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				
Account Name				
Payee Name and Address <small>(Number, Street, City, State and Zip Code)</small>	Purpose	Amount(s) this Period <small>Incurred/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>Incurred/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.)			○	
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.)			○	
3. SUBTOTAL (Add all outstanding obligations incurred/not paid, listed on this page.)			○	
4. TOTAL OUTSTANDING OBLIGATIONS INCURRED/NOT PAID (Complete this line on the last page used. Carry back to Page 10, "Schedule F", Line 2.)			○	

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

Committee Name

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 _____

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				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Date Debt Incurred</td> <td>Debt Description</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Date Debt Incurred	Debt Description						
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SUMMARY OF DEBTS AND OBLIGATIONS	
1. SUBTOTAL (Add all debts and obligations owed to committee listed on this page.)	0
2. TOTAL DEBTS AND OBLIGATIONS OWED TO COMMITTEE (Complete this line on the last page used. Carry forward to front page, Line 8.)	0

Name	Address	City	State	ZIP	Contribution	Date
Concetta Gutierrez	306 14th Ave	Belmar	NJ	07719	\$10.00	7/22/2011
Jenn and Connie for Council 2011	1320 State Rte 71, Unit 107	Belmar	NJ	07719	\$100.00	9/16/2011
Jenn and Connie for Council 2011	1320 State Rte 71, Unit 107	Belmar	NJ	07719	\$100.00	9/30/2011
John Hutchinson	519 6th Ave	Belmar	NJ	07719	\$15.00	7/22/2011
John Hutchinson	519 6th Ave	Belmar	NJ	07719	\$15.00	8/22/2011
John Hutchinson	519 6th Ave	Belmar	NJ	07719	\$15.00	9/22/2011
Luis Pulido	1320 State Rte 71, Unit 107	Belmar	NJ	07719	\$20.00	7/22/2011
Luis Pulido	1320 State Rte 71, Unit 107	Belmar	NJ	07719	\$20.00	8/22/2011
Luis Pulido	1320 State Rte 71, Unit 107	Belmar	NJ	07719	\$20.00	9/22/2011