



RECEIPTS AND EXPENDITURES QUARTERLY REPORT

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/

**FORM R-3
 FOR STATE USE ONLY**

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

Period Covered	From		Through		Column A	Column B
	11/1/11		3/31/11		This Report	Calendar Year-to-Date
1. Cash on Hand, January 1, <i>2011</i>						<i>101.79</i>
2. Cash on Hand, Beginning of Reporting Period					<i>101.79</i>	
3. Monetary Receipts				(+)	<i>1,042.56</i>	<i>1,042.56</i>
4. Subtotal					<i>1,144.35</i>	<i>1,144.35</i>
5. Monetary Expenditures				(-)	<i>218.39</i>	<i>218.39</i>
6. Cash on Hand, Close of Reporting Period					<i>925.96</i>	<i>925.96</i>

NET FINANCIAL SUMMARY

7. Cash on Hand, Close of Reporting Period					<i>925.96</i>	<i>925.96</i>
8. Debt owed to Committee				(+)	<i>0</i>	<i>0</i>
9. Subtotal					<i>925.96</i>	<i>925.96</i>
10. Debt Owed by Committee				(-)	<i>0</i>	<i>0</i>
11. Total (Net Worth)					<i>925.96</i>	<i>925.96</i>

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.

DATE

4-11-11

PRINT NAME

Conor Egan

SIGNATURE

[Signature]

ADDRESS

*1000 River Rd, 8L
 Belmar, NJ, 07719*

*(AREA CODE) DAY TELEPHONE NUMBER

732-492-6506

*(AREA CODE) EVENING TELEPHONE NUMBER

732-556-6310

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	1,042.56	1,042.56
2. Contributions, more than \$300 (Schedule A)	0	0
2a. Currency Contributions (Schedule A)	0	0
3. Total (Add lines 1, 2 and 2a)	1,042.56	1,042.56
4. Refund of Excessive Contributions (Adjustment Schedule) (-)	0	0
5. Subtotal (Subtract line 4 from line 3)	1,042.56	1,042.56
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)	1,042.56	1,042.56
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)	1,042.56	1,042.56
TABLE II EXPENDITURES		
14. Operating Disbursement (Schedule C)	218.39	218.39
Contributions (from the Committee) to:		
15a. NJ Gubernatorial Candidates/Committees (Schedule D)	0	0
15b. NJ Legislative Candidates/Committees (Schedule D)	0	0
15c. All other Candidates/Committees (Schedule D)	0	0
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	0
17. Loan Payments (Schedule B)	0	0
18. Total Monetary Expenditures (Add lines 14 through 17)	218.39	218.39
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)	218.39	218.39

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 Central Jersey Bank (Area Code) Telephone Number 732-280-5400

Mailing Address 611 Main St

City, State, Zip Code Belmar, NJ, 07719

Account Name Business Checking

Opening Balance this Period <u>101.79</u>	Deposits this Period <u>972.56</u>	Disbursements this Period <u>214.85</u>	Closing Balance this Period <u>859.50</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 PayPal (Area Code) Telephone Number 888-221-1161

Mailing Address 2211 North 1st St

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

Account Name Business

Opening Balance this Period <u>0</u>	Deposits this Period <u>70.00</u>	Disbursements this Period <u>3.54</u>	Closing Balance this Period <u>66.46</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):

- Investment Institution Money Market Account
- Certificate of Deposit (C.D.)
- Mutual Fund Account
- Other (please specify) _____
- Bonds
- Stocks
- Real Property

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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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

Account Name

Contributor Name	State Use Only	Contributor Address (Number and Street)
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Occupation	State Use Only	City, State, Zip Code
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Employer Name	Date(s) Received this Period	Amount(s) Received this Period
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)
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Occupation	State Use Only	City, State, Zip Code
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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)
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Occupation	State Use Only	City, State, Zip Code
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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)
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Occupation	State Use Only	City, State, Zip Code
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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.)	0
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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.)	0
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LOANS RECEIVED		SCHEDULE B		Page No. <u>5</u> of <u>12</u>	
PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED. Use a separate "SCHEDULE B" for each separate account.					
Committee Name					
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		

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.

New Jersey Gubernatorial Candidates/Committees New Jersey Legislative Candidates/Committees
 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		Transaction	Check
		Incurred/Not Paid	Disbursed	Date(s)	No(s)

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		Transaction	Check
		Incurred/Not Paid	Disbursed	Date(s)	No(s)

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

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
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Debt Purpose				
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Debt Purpose				
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Debt Purpose				
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Debt Purpose				
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SUMMARY OF DEBTS AND OBLIGATIONS	
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
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.)	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

First	Last / Org	Address	City	State	ZIP	Amount	Date	Occupation	Employer
Margaret	Bailey	2118 Florence Ave	Hazlet	NJ	07730	\$300.00	3/24/11	None	None
Mary	Belmar Democrats 2010	1320 State Rte 71, Unit 107	Belmar	NJ	07719	\$2.37	3/12/11	N/A	N/A
Concetta	Brabazon	1100 C St	Belmar	NJ	07719	\$10.00	3/22/11	Belmar Tourism Director	Borough of Belmar
John	Gutierrez	306 14th Ave	Belmar	NJ	07719	\$10.00	3/22/11	None	None
Lynn	Hutchinson	519 6th Ave	Belmar	NJ	07719	\$15.00	3/22/11	None	None
Janis	Kegelman	309 Morris Ave, Suite A	Spring Lake	NJ	07762	\$150.00	3/10/11	-	-
Luis	Keown-Blackburn	106 River Ct	Belmar	NJ	07719	\$120.00	3/24/11	-	-
Luis	PayPal	2211 North 1st St	San Jose	CA	95131	\$0.19	3/11/11	N/A	N/A
Victor	Pulido	1320 State Rte 71, Unit 107	Belmar	NJ	07719	\$100.00	2/28/11	Self-Employed	LBP Enterprises
Tom	Pulido	1320 State Rte 71, Unit 107	Belmar	NJ	07719	\$20.00	3/22/11	Self-Employed	LBP Enterprises
Victor	Scudieri	1309 Hwy 36, Suite 105	Hazlet	NJ	07730	\$300.00	3/24/11	President	Scudieri Enterprises
Tom	Volker	301 4th Ave	Belmar	NJ	07719	\$15.00	3/22/11	Innkeeper	The Inn at the Shore