



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
1370 State Road 71, Unit 107

City, State, Zip Code
Belmar, NJ, 07719

ELEC Identification Number
H30700031102009

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	This Report	Calendar Year-to-Date
1. Cash on Hand, January 1, <i>2011</i>	<i>4/1/11</i>		<i>101.79</i>
2. Cash on Hand, Beginning of Reporting Period		<i>925.96</i>	
3. Monetary Receipts	(+)	<i>1,375</i>	<i>2,417.56</i>
4. Subtotal		<i>2,300.96</i>	<i>2,519.35</i>
5. Monetary Expenditures	(-)	<i>2,027.36</i>	<i>2,245.75</i>
6. Cash on Hand, Close of Reporting Period		<i>273.60</i>	<i>273.60</i>

NET FINANCIAL SUMMARY			
7. Cash on Hand, Close of Reporting Period			<i>273.60</i>
8. Debt owed to Committee	(+)		<i>0</i>
9. Subtotal			<i>273.60</i>
10. Debt Owed by Committee	(-)		<i>0</i>
11. Total (Net Worth)			<i>273.60</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.

7/11/11
 DATE

Conor Egan
 PRINT NAME

1000 River Rd 8L
 ADDRESS

Belmar, NJ, 07719
 ADDRESS

[Signature]
 SIGNATURE

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

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	965	2,007.56
2. Contributions, more than \$300 (Schedule A)	410	410
2a. Currency Contributions (Schedule A)	0	0
3. Total (Add lines 1, 2 and 2a)	1,375	2,417.56
4. Refund of Excessive Contributions (Adjustment Schedule) (-)	0	0
5. Subtotal (Subtract line 4 from line 3)	1,375	2,417.56
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)	1,375	2,417.56
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)	1,375	2,417.56
TABLE II EXPENDITURES		
14. Operating Disbursement (Schedule C)	577.36	795.75
Contributions (from the Committee) to:		
15a. NJ Gubernatorial Candidates/Committees (Schedule D)	0	0
15b. NJ Legislative Candidates/Committees (Schedule D)	250	250
15c. All other Candidates/Committees (Schedule D)	200	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)	1,000	1,000
17. Loan Payments (Schedule B)	0	0
18. Total Monetary Expenditures (Add lines 14 through 17)	2,027.36	2,245.75
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)	2,027.36	2,245.75

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>859.50</u>	Deposits this Period <u>1,310</u>	Disbursements this Period <u>1,978.68</u>	Closing Balance this Period <u>190.82</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>66.46</u>	Deposits this Period <u>175</u>	Disbursements this Period <u>158.68</u>	Closing Balance this Period <u>82.78</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>Business Checking</i>				
Contributor Name <i>Luis Pulido</i>		State Use Only Contributor Address (Number and Street) <i>1300 State Rd 71, Unit 107</i>		
Occupation <i>Self-Employed</i>		State Use Only City, State, Zip Code <i>Belmar, NJ, 07719</i>		
Employer Name <i>Self</i>		Date(s) Received this Period		Amount(s) Received this Period
Employer Address <i>1300 State Rd 71, Unit 107</i>		<i>4-22-11</i>		<i>20</i>
City, State, Zip Code <i>Belmar, NJ, 07719</i>		<i>5-21-11</i>		<i>200</i>
Receipt Description (If In-Kind)		<i>5-22-11</i>		<i>20</i>
Aggregate Year-to-Date <i>5-30</i>		<i>6-4-11</i>		<i>150</i>
<i>6-22-11</i>				<i>20</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>410</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>410</i>

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 C" for each separate account.

Committee Name *Belmar Democratic Committee*

Account Name *Business checking*

Payee or Creditor Name, Address (Number, Street, State, City, State and Zip Code)	Purpose*	Amount(s) Disbursed this Period	Transaction Dates	Check No(s)
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*Legislative Leadership Committees - See instructions concerning permissible uses of funds.

<i>Central Jersey Bank 611 Main St Belmar, NJ, 07719</i>	<i>Bank fee</i>	<i>10 10 10</i>	<i>4-1-11 5-31-11 6-30-11</i>	<i>Debit</i>
<i>Constant Contact 1601 Trapelo Rd Waltham, MA 02451</i>	<i>Marketing</i>	<i>35 40</i>	<i>4-28-11 5-28-11</i>	<i>Debit</i>
<i>Dollar Discount 1825 State Rt 35 Wall, NJ 07719</i>	<i>Supplies for meeting</i>	<i>17.64</i>	<i>4-21-11</i>	<i>Debit</i>
<i>Dollartree 1825 State Rt 35 Wall, NJ 07719</i>	<i>Supplies for meeting</i>	<i>16.05</i>	<i>4-21-11</i>	<i>Debit</i>
<i>Foodtown 173rd State Rt 35 Wall, NJ 07719</i>	<i>Food for meeting</i>	<i>34.45</i>	<i>4-20-11</i>	<i>Debit</i>
<i>Jersey Shore BBQ 811 Belmar Plz Belmar, NJ 07719</i>	<i>Lunch meeting</i>	<i>16.56</i>	<i>4-25-11</i>	<i>Debit</i>
<i>Old Man Rattaty's 531 Cookman Ave Asbury Park, NJ, 07712</i>	<i>Lunch meeting</i>	<i>35.10</i>	<i>4-8-11</i>	<i>Debit</i>
<i>Pay Pal 2211 N 1st St San Jose, CA, 95131</i>	<i>Fees on account</i>	<i>2.21 19.99 2.95</i>	<i>4-22-11 5-2-11 5-22-11</i>	<i>Debit</i>
<i>" "</i>	<i>" "</i>	<i>19.99 3.54</i>	<i>6-2-11 6-22-11</i>	<i>" "</i>
<i>Rite Aid 810 Main St Belmar, NJ, 07719</i>	<i>office supplies</i>	<i>12.34</i>	<i>4-20-11</i>	<i>Debit</i>
<i>Simply Flowers 1110 Main St Belmar, NJ 07719</i>	<i>Flowers</i>	<i>100 58.88</i>	<i>4-25-11 5-12-11</i>	<i>Debit</i>

1. SUBTOTAL (Add all disbursements listed on this page.) *444.70*

2. TOTAL DISBURSEMENTS, THIS PERIOD (Complete this line on the last page used. Carry forward to Page 2, Line 14, Column A.)

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 Governorial Candidates/Committees New Jersey Legislative Candidates/Committees
 All Other Candidates/Committees

Committee Name Belmar Democratic Committee

Account Name Business Checking

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)
<u>The Barclay 112 5th Ave Belmar, NJ 07719</u>	<u>Fundraises</u>		<u>1,000</u>	<u>6-2-11</u>	<u>1015</u>

ALLOCATION OF EXPENDITURES BENEFITING CANDIDATE(S)/COMMITTEE(S)

Candidate/Committee Name	Election Date	District or County or Municipality	Pro-Rated Amount
<u>Belmar Democrats 2010</u>	<u>11-2-10</u>	<u>Belmar</u>	<u>100%</u>

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.)	<u>1,000</u>
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.)	<u>1,000</u>
3. SUBTOTAL (Add all outstanding obligations incurred/not paid, listed on this page.)	<u>1,000</u>
4. TOTAL OUTSTANDING OBLIGATIONS INCURRED/NOT PAID (Complete this line on the last page used. Carry back to Page 10, "Schedule F", Line 2.)	<u>0</u>

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	
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.)	<i>0</i>
2. TOTAL DEBTS AND OBLIGATIONS OWED TO COMMITTEE (Complete this line on the last page used. Carry forward to front page, Line 8.)	<i>0</i>

First	Last / Orig.	Amount	Date	Address	City	State	ZIP	Occupation	Employer	ER Address
Mary	Brabazon	\$10.00	4/22/11	1100 C St	Belmar	NJ	07719	Belmar Tourism Director	Borough of Belmar	601 Main St, Belmar, NJ, 07719
Clare	Deicke	\$200.00	5/21/11	1017 14th Ave	Belmar	NJ	07719	Councilwoman	Borough of Belmar	601 Main St, Belmar, NJ, 07719
Matt	Doherty	\$200.00	5/20/11	112 Inlet Tr	Belmar	NJ	07719	Financial Representative	Creative Financial Group	1305 Campus Parkway, Wall, NJ, 07753
Conceita	Gutierrez	\$10.00	4/22/11	306 14th Ave	Belmar	NJ	07719	None	None	None
Conceita	Gutierrez	\$10.00	5/22/11	306 14th Ave	Belmar	NJ	07719	None	None	None
John	Hutchinson	\$15.00	6/22/11	306 14th Ave	Belmar	NJ	07719	None	None	None
John	Hutchinson	\$15.00	4/22/11	519 6th Ave	Belmar	NJ	07719	None	None	None
John	Hutchinson	\$15.00	5/22/11	519 6th Ave	Belmar	NJ	07719	None	None	None
John	Hutchinson	\$15.00	6/22/11	519 6th Ave	Belmar	NJ	07719	None	None	None
Brian	Magovern	\$250.00	5/21/11	207 S Lake Drive	Belmar	NJ	07719	Councilman	Borough of Belmar	601 Main St, Belmar, NJ, 07719
Kristen	Murphy	\$200.00	6/9/11	142 Lighthouse Dr	Freehold	NJ	07728	-	-	-
Luis	Pulido	\$20.00	4/22/11	1320 State Rte 71, Unit 107	Belmar	NJ	07719	Self-Employed	LBP Enterprises	1320 State Rte 71, Unit 107, Belmar, NJ, 07719
Luis	Pulido	\$200.00	5/21/11	1320 State Rte 71, Unit 107	Belmar	NJ	07719	Self-Employed	LBP Enterprises	1320 State Rte 71, Unit 107, Belmar, NJ, 07719
Luis	Pulido	\$20.00	5/22/11	1320 State Rte 71, Unit 107	Belmar	NJ	07719	Self-Employed	LBP Enterprises	1320 State Rte 71, Unit 107, Belmar, NJ, 07719
Luis	Pulido	\$150.00	6/4/11	1320 State Rte 71, Unit 107	Belmar	NJ	07719	Self-Employed	LBP Enterprises	1320 State Rte 71, Unit 107, Belmar, NJ, 07719
Luis	Pulido	\$20.00	6/22/11	1320 State Rte 71, Unit 107	Belmar	NJ	07719	Self-Employed	LBP Enterprises	1320 State Rte 71, Unit 107, Belmar, NJ, 07719
Tom	Volker	\$15.00	4/22/11	301 4th Ave	Belmar	NJ	07719	Innkeeper	The Inn at the Shore	301 4th Ave, Belmar, NJ, 07719
Tom	Volker	\$15.00	5/22/11	301 4th Ave	Belmar	NJ	07719	Innkeeper	The Inn at the Shore	301 4th Ave, Belmar, NJ, 07719