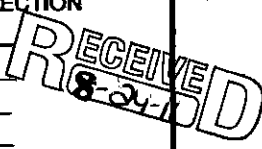


<b>FORM R-1</b>		<b>REPORT OF CONTRIBUTIONS AND EXPENDITURES</b>		<b>REPORT (CHECK ONE):</b> <input checked="" type="checkbox"/> 29 - DAY PRE-ELECTION <input type="checkbox"/> 11 - DAY PRE-ELECTION <input type="checkbox"/> 20 - DAY POST-ELECTION <input type="checkbox"/> Apr 15, _____ <input type="checkbox"/> July 15, _____ <input type="checkbox"/> Oct 15, _____ <input type="checkbox"/> Jan 15, _____	
<b>NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION</b> P O Box 185, Trenton, NJ 08625-0185 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) Web site <a href="http://www.elec.state.nj.us/">http://www.elec.state.nj.us/</a>					
CANDIDATE OR COMMITTEE NAME <i>Matt Doherty for Council</i>					
STREET ADDRESS <i>112 Inlet Terrace</i>				Amendment Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
CITY <i>Belmar</i>		STATE <i>NJ</i>	ZIP CODE <i>07719</i>	<b>For State Use Only</b>  <b>ELEC RECEIVED</b>  <b>JUN 21 2011</b>	
COUNTY <i>Monmouth</i>		ELECTION DISTRICT OR MUNICIPALITY <i>Belmar</i>			
POLITICAL PARTY, IF ANY <i>Democrat</i>		OFFICE SOUGHT <i>Council</i>			
ELECTION DATE <i>11/3/09</i>		ELECTION TYPE (CHECK ONE) <input type="checkbox"/> PRIMARY <input type="checkbox"/> RUN-OFF <input type="checkbox"/> MUNICIPAL <input type="checkbox"/> SCHOOL <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIAL			

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

TABLE I. RECEIPTS	THIS REPORT	CUMULATIVE TO DATE
1 MONETARY CONTRIBUTIONS OF \$300 OR LESS	\$ 10,235	\$ 13025
2 MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]	\$ 5,560	\$ 6,212
3 IN-KIND CONTRIBUTIONS OF \$300 OR LESS	\$ 0	\$
4 IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]	\$ 0	\$
5 LOANS RECEIVED IN EXCESS OF \$300 AND ALL CURRENCY LOANS [Schedule C]	\$ 0	\$
6 SUB TOTAL (ADD LINES 1 THRU 5)	\$ 15,795	\$ 19,247
7 REFUND OF EXCESSIVE CONTRIBUTIONS [Adjustment Schedule] (-)	\$ 3000	\$ 3000
8 TOTAL CONTRIBUTIONS	\$ 12,795	\$ 16,247
9 ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)	\$ 0	\$ 0
10 TOTAL RECEIPTS (ADD LINE 8 + LINE 9)	\$ 12,795	\$ 16,247

TABLE II. EXPENDITURES	THIS REPORT	CUMULATIVE TO DATE
1 DISBURSEMENTS -CAMPAIGN EXPENSES [Schedule 1(D)]	\$ 1999.76	\$ 4265.70
2 DISBURSEMENTS - OTHER [Schedule 2(D)]	\$	\$ 38.52
3 DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]	\$ 1500.00	\$ 1500.00
4 CONTRIBUTIONS MADE ON BEHALF OF OTHERS [Pro Rata Amount Schedules 1(D) and 2(D)]	\$ 0	\$ 0
5 IN-KIND CONTRIBUTIONS OF \$300 OR LESS (TABLE I, LINE 3)	\$ 0	\$ 0
6 IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 (TABLE I, LINE 4)	\$ 0	\$ 0
7 SUB TOTAL (ADD LINES 1 THRU 6)	\$ 3499.76	\$ 3804.22
8 REFUNDED DISBURSEMENTS [Schedule F] (+)	\$ 0	\$ 0
9 TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)	\$ 3499.76	\$ 3804.22

ITEMIZED RECEIPTS (Other than Loans) SCHEDULE A Page No. 1 of 23

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: Matt Doherty for Council

ACCOUNT NAME and NUMBER:

CONTRIBUTOR NAME Steven Rubin	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 25 Forest Dr.
OCCUPATION engineer	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Succasunna NJ 07876
EMPLOYER NAME Cisco Systems		DATE(S) RECEIVED THIS PERIOD 9/14/09
EMPLOYER ADDRESS (NUMBER AND STREET) 170 West Tasman Dr.		AMOUNT(S) RECEIVED THIS PERIOD \$50.00
(CITY, STATE AND ZIP CODE) San Jose CA 95134		
RECEIPT DESCRIPTION (if in-kind)	AGGREGATE YEAR-TO-DATE 50.00	

check

CONTRIBUTOR NAME State Troopers Fraternal Assn NJ	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 2634 Highway 70
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Manasquan NJ 08736
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD 6/24/09
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD \$1,500.00
(CITY, STATE AND ZIP CODE)		
RECEIPT DESCRIPTION (if in-kind)	AGGREGATE YEAR-TO-DATE \$1,500.00	

check

CONTRIBUTOR NAME Toma Abstract Inc.	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 36 Engleberg Terrace
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Lakewood NJ 08701
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD 6/24/09
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD \$500.00
(CITY, STATE AND ZIP CODE)		
RECEIPT DESCRIPTION (if in-kind)	AGGREGATE YEAR-TO-DATE \$1,500.00	

check

CONTRIBUTOR NAME James Fox	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 310 Lexington Ave #4H
OCCUPATION Political Consultant	STATE USE ONLY	(CITY, STATE AND ZIP CODE) New York, NY 10016
EMPLOYER NAME self		DATE(S) RECEIVED THIS PERIOD 6/24/09
EMPLOYER ADDRESS (NUMBER AND STREET) Same as contributor's		AMOUNT(S) RECEIVED THIS PERIOD \$300.00
(CITY, STATE AND ZIP CODE)		
RECEIPT DESCRIPTION (if in-kind)	AGGREGATE YEAR-TO-DATE \$300.00	

check

1. SUBTOTAL (Add all receipts listed on this page.) \$2350.00

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.)

ITEMIZED RECEIPTS (Other than Loans)

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. *Matt Doherty for Council*

ACCOUNT NAME and NUMBER

CONTRIBUTOR NAME <i>NJ State Laborers PAC</i>		STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <i>104 Interchange Plaza Suite 301</i>	
OCCUPATION		STATE USE ONLY	(CITY, STATE AND ZIP CODE) <i>Monroe Twp, NJ 08831</i>	
EMPLOYER NAME			DATE(S) RECEIVED THIS PERIOD <i>7/24/09</i>	AMOUNT(S) RECEIVED THIS PERIOD <i>\$1,500</i>
EMPLOYER ADDRESS (NUMBER AND STREET)				
(CITY, STATE AND ZIP CODE)				
RECEIPT DESCRIPTION (if in-kind)			AGGREGATE YEAR-TO-DATE <i>\$1,500</i>	

check

CONTRIBUTOR NAME <i>Laurent Consultants</i>		STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <i>18 Bank St. Fl 2</i>	
OCCUPATION		STATE USE ONLY	(CITY, STATE AND ZIP CODE) <i>Morris town NJ 07960</i>	
EMPLOYER NAME			DATE(S) RECEIVED THIS PERIOD <i>7/10/09</i>	AMOUNT(S) RECEIVED THIS PERIOD <i>\$100.00</i>
EMPLOYER ADDRESS (NUMBER AND STREET)				
(CITY, STATE AND ZIP CODE)				
RECEIPT DESCRIPTION (if in-kind)			AGGREGATE YEAR-TO-DATE <i>\$100.00</i>	

check

CONTRIBUTOR NAME <i>Herbert Electric Inc.</i>		STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <i>24 Trenton Ave</i>	
OCCUPATION		STATE USE ONLY	(CITY, STATE AND ZIP CODE) <i>Manasquan NJ 08736</i>	
EMPLOYER NAME			DATE(S) RECEIVED THIS PERIOD <i>7/27/09</i>	AMOUNT(S) RECEIVED THIS PERIOD <i>\$200.00</i>
EMPLOYER ADDRESS (NUMBER AND STREET)				
(CITY, STATE AND ZIP CODE)				
RECEIPT DESCRIPTION (if in-kind)			AGGREGATE YEAR-TO-DATE <i>\$200.00</i>	

check

CONTRIBUTOR NAME <i>Raj Mukherji</i>		STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <i>PO Box 2</i>	
OCCUPATION <i>Partner</i>		STATE USE ONLY	(CITY, STATE AND ZIP CODE) <i>Fanwood NJ 07023</i>	
EMPLOYER NAME <i>Impact NJ LLC</i>			DATE(S) RECEIVED THIS PERIOD <i>7/23/09</i>	AMOUNT(S) RECEIVED THIS PERIOD <i>\$300.00</i>
EMPLOYER ADDRESS (NUMBER AND STREET) <i>PO Box 2</i>				
(CITY, STATE AND ZIP CODE) <i>Fanwood NJ 07023</i>				
RECEIPT DESCRIPTION (if in-kind)			AGGREGATE YEAR-TO-DATE <i>\$300.00</i>	

check

1. SUBTOTAL (Add all receipts listed on this page.)	<i>\$2100.00</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.)	

**ITEMIZED RECEIPTS (Other than Loans)**

**SCHEDULE A** Page No. 3 of 23

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: Matt Doherty for Council

ACCOUNT NAME and NUMBER:

CONTRIBUTOR NAME <u>Janice Fuller</u>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <u>95 Branchport Ave</u>
OCCUPATION <u>District Director</u>	STATE USE ONLY	(CITY, STATE AND ZIP CODE) <u>Long branch NJ 07740</u>
EMPLOYER NAME <u>Congressman Frank Pallone / US House of Representatives</u>		DATE(S) RECEIVED THIS PERIOD <u>7/27/09</u>
EMPLOYER ADDRESS (NUMBER AND STREET) <u>504 Broadway</u>		AMOUNT(S) RECEIVED THIS PERIOD <u>\$200.00</u>
(CITY, STATE AND ZIP CODE) <u>Long Branch NJ 07740</u>		
RECEIPT DESCRIPTION (if in-kind)	AGGREGATE YEAR-TO-DATE <u>\$200.00</u>	

check

CONTRIBUTOR NAME <u>Eric Shuffler</u>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <u>160 West End Ave Apt 23P</u>
OCCUPATION <u>Political Consultant</u>	STATE USE ONLY	(CITY, STATE AND ZIP CODE) <u>New York NY 10023</u>
EMPLOYER NAME <u>self</u>		DATE(S) RECEIVED THIS PERIOD <u>7/17/09</u>
EMPLOYER ADDRESS (NUMBER AND STREET) <u>Same as home</u>		AMOUNT(S) RECEIVED THIS PERIOD <u>\$100.00</u>
(CITY, STATE AND ZIP CODE)		
RECEIPT DESCRIPTION (if in-kind)	AGGREGATE YEAR-TO-DATE <u>\$100.00</u>	

check

CONTRIBUTOR NAME <u>Robert Morgan</u>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <u>9 Brvere Dr.</u>
OCCUPATION <u>self-doctor</u>	STATE USE ONLY	(CITY, STATE AND ZIP CODE) <u>Millsdon NJ 08510</u>
EMPLOYER NAME <u>self</u>		DATE(S) RECEIVED THIS PERIOD <u>7/17/09</u>
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD <u>\$100.00</u>
(CITY, STATE AND ZIP CODE)		
RECEIPT DESCRIPTION (if in-kind)	AGGREGATE YEAR-TO-DATE <u>\$100.00</u>	

check

CONTRIBUTOR NAME <u>Loretta Keller</u>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <u>710 Eighth Ave Apt 3A</u>
OCCUPATION <u>retired.</u>	STATE USE ONLY	(CITY, STATE AND ZIP CODE) <u>Belmar NJ 07719</u>
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD <u>7/8/09</u>
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD <u>\$100.00</u>
(CITY, STATE AND ZIP CODE)		
RECEIPT DESCRIPTION (if in-kind)	AGGREGATE YEAR-TO-DATE <u>\$100.00</u>	

check

1. SUBTOTAL (Add all receipts listed on this page.) \$500.00

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.)

ITEMIZED RECEIPTS (Other than Loans)

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 and NUMBER:

CONTRIBUTOR NAME Gene Mulroy	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 4 Parkwood Lane
OCCUPATION Lobbyist	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Colts Neck NJ 07722
EMPLOYER NAME Holt, Ross & Mulroy Govt Relations		DATE(S) RECEIVED THIS PERIOD 7/8/09
EMPLOYER ADDRESS (NUMBER AND STREET) 19 West Main St.		AMOUNT(S) RECEIVED THIS PERIOD \$100.00
(CITY, STATE AND ZIP CODE) Somerville NJ 08876		
RECEIPT DESCRIPTION (If In-kind)	AGGREGATE YEAR-TO-DATE	

check

CONTRIBUTOR NAME Megan Cryan	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 846 Liberty Ave.
OCCUPATION administrator	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Union NJ 07083
EMPLOYER NAME US EPA		DATE(S) RECEIVED THIS PERIOD 7/8/09
EMPLOYER ADDRESS (NUMBER AND STREET) 1200 Pennsy Ivania Ave NW		AMOUNT(S) RECEIVED THIS PERIOD \$50.00
(CITY, STATE AND ZIP CODE) Washington DC.		
RECEIPT DESCRIPTION (If In-kind)	AGGREGATE YEAR-TO-DATE \$50.00	

check

CONTRIBUTOR NAME Steven Hill	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 730 Coventry Dr.
OCCUPATION Political Consultant	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Seymour IN 47274
EMPLOYER NAME SELF		DATE(S) RECEIVED THIS PERIOD 7/6/09
EMPLOYER ADDRESS (NUMBER AND STREET) 730 Coventry Dr.		AMOUNT(S) RECEIVED THIS PERIOD 100.00
(CITY, STATE AND ZIP CODE) Seymour IN 47274		
RECEIPT DESCRIPTION (If In-kind)	AGGREGATE YEAR-TO-DATE \$100.00	

check

CONTRIBUTOR NAME Danielle Walker	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) PO Box 373
OCCUPATION Political Consultant	STATE USE ONLY	(CITY, STATE AND ZIP CODE) South Pittsburg TN 37380
EMPLOYER NAME self		DATE(S) RECEIVED THIS PERIOD 7/6/09
EMPLOYER ADDRESS (NUMBER AND STREET) PO Box 373		AMOUNT(S) RECEIVED THIS PERIOD \$75.00
(CITY, STATE AND ZIP CODE) South Pittsburg TN 37380		
RECEIPT DESCRIPTION (If In-kind)	AGGREGATE YEAR-TO-DATE \$75.00	

check

1. SUBTOTAL (Add all receipts listed on this page.)	\$325.00
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.)	

**ITEMIZED RECEIPTS (Other than Loans)**

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 and NUMBER:**

CONTRIBUTOR NAME <u>Allen Laurel</u>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <u>520 Islington St. Apt 1</u>
OCCUPATION <u>Political Consultant</u>	STATE USE ONLY	(CITY, STATE AND ZIP CODE) <u>Toledo OH 43610</u>
EMPLOYER NAME <u>SELF</u>		DATE(S) RECEIVED THIS PERIOD <u>7/6/09</u>
EMPLOYER ADDRESS (NUMBER AND STREET) <u>520 Islington St Apt 1</u>		AMOUNT(S) RECEIVED THIS PERIOD <u>\$50.00</u>
(CITY, STATE AND ZIP CODE) <u>Toledo OH 43610</u>		
RECEIPT DESCRIPTION (If In-kind)	AGGREGATE YEAR-TO-DATE <u>\$50.00</u>	

check

CONTRIBUTOR NAME <u>Vinson Bennett</u>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <u>5857 Cherokee Dr.</u>
OCCUPATION <u>Political Consultant</u>	STATE USE ONLY	(CITY, STATE AND ZIP CODE) <u>Cincinnati OH 45243</u>
EMPLOYER NAME <u>Self</u>		DATE(S) RECEIVED THIS PERIOD <u>7/6/09</u>
EMPLOYER ADDRESS (NUMBER AND STREET) <u>5857 Cherokee Dr.</u>		AMOUNT(S) RECEIVED THIS PERIOD <u>\$60.00</u>
(CITY, STATE AND ZIP CODE) <u>Cincinnati OH 45243</u>		
RECEIPT DESCRIPTION (If In-kind)	AGGREGATE YEAR-TO-DATE <u>\$60.00</u>	

check

CONTRIBUTOR NAME <u>Debra Ann Buruchian</u>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <u>106 Inlet Terrace</u>
OCCUPATION <u>Baker/owner</u>	STATE USE ONLY	(CITY, STATE AND ZIP CODE) <u>Belmar NJ 07719</u>
EMPLOYER NAME <u>The Stone Pony</u>		DATE(S) RECEIVED THIS PERIOD <u>7/6/09</u>
EMPLOYER ADDRESS (NUMBER AND STREET) <u>305 Washington Ave</u>		AMOUNT(S) RECEIVED THIS PERIOD <u>\$150.00</u>
(CITY, STATE AND ZIP CODE) <u>Spring Lake NJ 07762</u>		
RECEIPT DESCRIPTION (If In-kind)	AGGREGATE YEAR-TO-DATE <u>\$150.00</u>	

check

CONTRIBUTOR NAME <u>Matthew Schneider</u>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <u>5243 Sherric Pl NW</u>
OCCUPATION <u>owner</u>	STATE USE ONLY	(CITY, STATE AND ZIP CODE) <u>Washington DC 20016</u>
EMPLOYER NAME <u>Field Strategies</u>		DATE(S) RECEIVED THIS PERIOD <u>7/6/09</u>
EMPLOYER ADDRESS (NUMBER AND STREET) <u>588 16th St NW</u>		AMOUNT(S) RECEIVED THIS PERIOD <u>500.00</u>
(CITY, STATE AND ZIP CODE) <u>Washington DC 20006</u>		
RECEIPT DESCRIPTION (If In-kind)	AGGREGATE YEAR-TO-DATE <u>\$500.00</u>	

check

<b>1. SUBTOTAL (Add all receipts listed on this page.)</b>	<b>\$760.00</b>
<b>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.)</b>	

**ITEMIZED RECEIPTS (Other than Loans)** SCHEDULE A Page No. 6 of 23

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 and NUMBER:

CONTRIBUTOR NAME <i>Amalia Papi</i>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <i>47 Patton Dr.</i>
OCCUPATION <i>Government Affairs</i>	STATE USE ONLY	(CITY, STATE AND ZIP CODE) <i>East Brunswick NJ 08816</i>
EMPLOYER NAME <i>Self</i>		DATE(S) RECEIVED THIS PERIOD <i>6/22/09</i>
EMPLOYER ADDRESS (NUMBER AND STREET) <i>47 Patton Dr.</i>		AMOUNT(S) RECEIVED THIS PERIOD <i>\$100.00</i>
(CITY, STATE AND ZIP CODE) <i>East Brunswick NJ 08816</i>		
RECEIPT DESCRIPTION (If In-kind)	AGGREGATE YEAR-TO-DATE <i>\$ 100.00</i>	

check

CONTRIBUTOR NAME <i>Luis Pulido</i>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <i>1320 State Rt 71 Apt 107</i>
OCCUPATION <i>Manager</i>	STATE USE ONLY	(CITY, STATE AND ZIP CODE) <i>Belmar NJ 07714</i>
EMPLOYER NAME <i>Staples</i>		DATE(S) RECEIVED THIS PERIOD <i>6/22/09</i>
EMPLOYER ADDRESS (NUMBER AND STREET) <i>2145 Highway 35</i>		AMOUNT(S) RECEIVED THIS PERIOD <i>100.00</i>
(CITY, STATE AND ZIP CODE) <i>Sea Girt NJ</i>		
RECEIPT DESCRIPTION (If In-kind)	AGGREGATE YEAR-TO-DATE <i>\$ 100.00</i>	

check

CONTRIBUTOR NAME <i>Hoboken Strategy Group</i>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <i>1401 Washington St</i>
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) <i>Hoboken NJ 07030</i>
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD <i>6/22/09</i>
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD <i>\$ 100-</i>
(CITY, STATE AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-kind)	AGGREGATE YEAR-TO-DATE <i>\$ 100-</i>	

check

CONTRIBUTOR NAME <i>James Nolan</i>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <i>61 Green St</i>
OCCUPATION <i>attorney</i>	STATE USE ONLY	(CITY, STATE AND ZIP CODE) <i>Woodbridge NJ 07095</i>
EMPLOYER NAME <i>Nolan &amp; Associates</i>		DATE(S) RECEIVED THIS PERIOD <i>6/22/09</i>
EMPLOYER ADDRESS (NUMBER AND STREET) <i>61 Green St.</i>		AMOUNT(S) RECEIVED THIS PERIOD <i>200-</i>
(CITY, STATE AND ZIP CODE) <i>Woodbridge NJ 07095</i>		
RECEIPT DESCRIPTION (If In-kind)	AGGREGATE YEAR-TO-DATE <i>\$ 200.00</i>	

check

1. SUBTOTAL (Add all receipts listed on this page.)	<i>\$ 500.00</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.)	

**ITEMIZED RECEIPTS (Other than Loans)**

**SCHEDULE A**

Page No. 7 of 23

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 and NUMBER:

CONTRIBUTOR NAME <u>Barbara Barnes</u>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <u>19 Southfield Rd.</u>
OCCUPATION <u>retired</u>	STATE USE ONLY	(CITY, STATE AND ZIP CODE) <u>Edison NJ 08820</u>
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD <u>6/22/09</u>
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD <u>250-</u>
(CITY, STATE AND ZIP CODE)		
RECEIPT DESCRIPTION (if is-kind)	AGGREGATE YEAR-TO-DATE <u>\$250-</u>	

check

CONTRIBUTOR NAME <u>David Taylor</u>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <u>302 11th Ave</u>
OCCUPATION <u>retired</u>	STATE USE ONLY	(CITY, STATE AND ZIP CODE) <u>Belmar NJ 07719</u>
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD <u>6/22/09</u>
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD <u>\$100-</u>
(CITY, STATE AND ZIP CODE)		
RECEIPT DESCRIPTION (if is-kind)	AGGREGATE YEAR-TO-DATE <u>\$100.00</u>	

check

CONTRIBUTOR NAME <u>Christine Stearns</u>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <u>1108 River Rd.</u>
OCCUPATION <u>Lobbyist</u>	STATE USE ONLY	(CITY, STATE AND ZIP CODE) <u>Trenton NJ 08628</u>
EMPLOYER NAME <u>NJBIA</u>		DATE(S) RECEIVED THIS PERIOD <u>6/22/09</u>
EMPLOYER ADDRESS (NUMBER AND STREET) <u>102 West State St.</u>		AMOUNT(S) RECEIVED THIS PERIOD <u>100-</u>
(CITY, STATE AND ZIP CODE) <u>Trenton NJ 08628</u>		
RECEIPT DESCRIPTION (if is-kind)	AGGREGATE YEAR-TO-DATE <u>\$100-</u>	

check

CONTRIBUTOR NAME <u>Edwin Cory</u>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <u>1201 L Street</u>
OCCUPATION <u>retired</u>	STATE USE ONLY	(CITY, STATE AND ZIP CODE) <u>Belmar NJ 07719</u>
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD <u>6/22/09</u>
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD <u>\$200-</u>
(CITY, STATE AND ZIP CODE)		
RECEIPT DESCRIPTION (if is-kind)	AGGREGATE YEAR-TO-DATE <u>\$200-</u>	

check

<b>1. SUBTOTAL (Add all receipts listed on this page.)</b>	<u>\$650-</u>
<b>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.)</b>	

**ITEMIZED RECEIPTS (Other than Loans)**

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 and NUMBER:

CONTRIBUTOR NAME <u>Christman, Bill</u>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <u>141 Small Ave</u>
OCCUPATION <u>retired</u>	STATE USE ONLY	(CITY, STATE AND ZIP CODE) <u>West Caldwell NJ 07006</u>
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD <u>7/1/09</u>
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD <u>50.00</u>
(CITY, STATE AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-kind)	AGGREGATE YEAR-TO-DATE <u>\$ 50.00</u>	

check

CONTRIBUTOR NAME <u>James Sharrock</u>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <u>515 9th Ave</u>
OCCUPATION <u>Undersheriff</u>	STATE USE ONLY	(CITY, STATE AND ZIP CODE) <u>Belmar NJ 07719</u>
EMPLOYER NAME <u>Hudson County</u>		DATE(S) RECEIVED THIS PERIOD <u>6/29/09</u>
EMPLOYER ADDRESS (NUMBER AND STREET) <u>Jersey City NJ</u>		AMOUNT(S) RECEIVED THIS PERIOD <u>\$100.00</u>
(CITY, STATE AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-kind)	AGGREGATE YEAR-TO-DATE <u>\$ 100-</u>	

check

CONTRIBUTOR NAME <u>Patricia Hutchinson</u>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <u>519 6th Ave</u>
OCCUPATION <u>retired</u>	STATE USE ONLY	(CITY, STATE AND ZIP CODE) <u>Belmar NJ 07719</u>
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD <u>6/29/09</u>
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD <u>100-</u>
(CITY, STATE AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-kind)	AGGREGATE YEAR-TO-DATE <u>\$ 100-</u>	

check

CONTRIBUTOR NAME <u>John Szeliga</u>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <u>424 Mercer Ave</u>
OCCUPATION <u>Director External Affairs</u>	STATE USE ONLY	(CITY, STATE AND ZIP CODE) <u>Spring Lake NJ 07762</u>
EMPLOYER NAME <u>Verizon</u>		DATE(S) RECEIVED THIS PERIOD <u>6/29/09</u>
EMPLOYER ADDRESS (NUMBER AND STREET) <u>Newark NJ</u>		AMOUNT(S) RECEIVED THIS PERIOD <u>100-</u>
(CITY, STATE AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-kind)	AGGREGATE YEAR-TO-DATE <u>\$ 100-</u>	

check

1. SUBTOTAL (Add all receipts listed on this page.) \$350.00

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.)

**ITEMIZED RECEIPTS (Other than Loans)** SCHEDULE A Page No. 9 of 23

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 and NUMBER:

CONTRIBUTOR NAME <i>Diane Le Greide</i>		STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <i>68 Brandt Dr</i>	
OCCUPATION <i>Dep Chief of Staff to Governor</i>		STATE USE ONLY	(CITY, STATE AND ZIP CODE) <i>Brick NJ 08724</i>	
EMPLOYER NAME <i>State of New Jersey</i>			DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET) <i>125 West State St</i>			<i>6/24/09</i>	<i>100-</i>
(CITY, STATE AND ZIP CODE) <i>Trenton NJ</i>				
RECEIPT DESCRIPTION (if in-kind)			AGGREGATE YEAR-TO-DATE <i>\$ 100.00</i>	

check

CONTRIBUTOR NAME <i>Joseph Mc Namara</i>		STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <i>89 Stillwell Rd</i>	
OCCUPATION <i>Director</i>		STATE USE ONLY	(CITY, STATE AND ZIP CODE) <i>Leonardo NJ 07787</i>	
EMPLOYER NAME <i>NJ Laborers-Employees Corp Trust</i>			DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET) <i>104 Interchange Plaza</i>			<i>6/24/09</i>	<i>\$100-</i>
(CITY, STATE AND ZIP CODE) <i>Monroe Twp NJ 08831</i>				
RECEIPT DESCRIPTION (if in-kind)			AGGREGATE YEAR-TO-DATE <i>\$ 100-</i>	

check

CONTRIBUTOR NAME <i>Ryan Simonovich</i>		STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <i>263 Montana Dr.</i>	
OCCUPATION <i>executive</i>		STATE USE ONLY	(CITY, STATE AND ZIP CODE) <i>Brick NJ 08723</i>	
EMPLOYER NAME <i>ESI Medical</i>			DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET) <i>Main St</i>			<i>6/24/09</i>	<i>100-</i>
(CITY, STATE AND ZIP CODE) <i>Belmar NJ</i>				
RECEIPT DESCRIPTION (if in-kind)			AGGREGATE YEAR-TO-DATE <i>\$ 100-</i>	

check

CONTRIBUTOR NAME <i>Integrated Wealth Network Inc.</i>		STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <i>23 West Main St.</i>	
OCCUPATION		STATE USE ONLY	(CITY, STATE AND ZIP CODE) <i>Freehold NJ 07728</i>	
EMPLOYER NAME			DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)			<i>6/24/09</i>	<i>100-</i>
(CITY, STATE AND ZIP CODE)				
RECEIPT DESCRIPTION (if in-kind)			AGGREGATE YEAR-TO-DATE <i>\$ 100-</i>	

check

<b>1. SUBTOTAL (Add all receipts listed on this page.)</b>				<i>\$400</i>
<b>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.)</b>				

**ITEMIZED RECEIPTS (Other than Loans)**

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 and NUMBER:

CONTRIBUTOR NAME <u>Jack Hill</u>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <u>508 7th Ave</u>
OCCUPATION <u>administrator</u>	STATE USE ONLY	(CITY, STATE AND ZIP CODE) <u>Belmar NJ 07719</u>
EMPLOYER NAME <u>Dept. of Transportation</u>	DATE(S) RECEIVED THIS PERIOD	
EMPLOYER ADDRESS (NUMBER AND STREET) <u>240 West St St.</u>	AMOUNT(S) RECEIVED THIS PERIOD	
(CITY, STATE AND ZIP CODE) <u>Trenton NJ</u>	<u>6/29/09 100-</u>	
RECEIPT DESCRIPTION (if in-kind)	AGGREGATE YEAR-TO-DATE <u>\$100-</u>	

check

CONTRIBUTOR NAME <u>Ed Windas</u>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <u>416 7th Ave</u>
OCCUPATION <u>consultant</u>	STATE USE ONLY	(CITY, STATE AND ZIP CODE) <u>Belmar NJ 07719</u>
EMPLOYER NAME <u>self</u>	DATE(S) RECEIVED THIS PERIOD	
EMPLOYER ADDRESS (NUMBER AND STREET) <u>416 7th Ave</u>	AMOUNT(S) RECEIVED THIS PERIOD	
(CITY, STATE AND ZIP CODE) <u>Belmar NJ 07719</u>	<u>6/29/09 100-</u>	
RECEIPT DESCRIPTION (if in-kind)	AGGREGATE YEAR-TO-DATE <u>\$100-</u>	

check

CONTRIBUTOR NAME <u>Karen Shelton</u>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <u>509 12th Ave</u>
OCCUPATION <u>executive</u>	STATE USE ONLY	(CITY, STATE AND ZIP CODE) <u>Belmar NJ 07719</u>
EMPLOYER NAME <u>nj/ny PA</u>	DATE(S) RECEIVED THIS PERIOD	
EMPLOYER ADDRESS (NUMBER AND STREET) <u>225 Park Ave South</u>	AMOUNT(S) RECEIVED THIS PERIOD	
(CITY, STATE AND ZIP CODE) <u>NY NY 10003</u>	<u>6/29/09 100-</u>	
RECEIPT DESCRIPTION (if in-kind)	AGGREGATE YEAR-TO-DATE <u>\$100-</u>	

check

CONTRIBUTOR NAME <u>Hope Cooper</u>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <u>2 Veghte Pl.</u>
OCCUPATION <u>Director of Personnel</u>	STATE USE ONLY	(CITY, STATE AND ZIP CODE) <u>Franklin Park NJ 08823</u>
EMPLOYER NAME <u>State of NJ</u>	DATE(S) RECEIVED THIS PERIOD	
EMPLOYER ADDRESS (NUMBER AND STREET) <u>West State St.</u>	AMOUNT(S) RECEIVED THIS PERIOD	
(CITY, STATE AND ZIP CODE) <u>Trenton NJ</u>	<u>6/29/09 100-</u>	
RECEIPT DESCRIPTION (if in-kind)	AGGREGATE YEAR-TO-DATE <u>100-</u>	

check

1. SUBTOTAL (Add all receipts listed on this page.)

400

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.)

**ITEMIZED RECEIPTS (Other than Loans)** SCHEDULE A Page No. 11 of 23

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 Matt Doherty for Council

ACCOUNT NAME and NUMBER.

CONTRIBUTOR NAME <u>Juan Melli</u>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <u>807 Clinton St #2A</u>
OCCUPATION <u>Campaign Consultant</u>	STATE USE ONLY	(CITY, STATE AND ZIP CODE) <u>Hoboken NJ 07030</u>
EMPLOYER NAME <u>Corzine for Governor</u>	DATE(S) RECEIVED THIS PERIOD	
EMPLOYER ADDRESS (NUMBER AND STREET) <u>10 Kirkpatrick St</u>	AMOUNT(S) RECEIVED THIS PERIOD	
(CITY, STATE AND ZIP CODE) <u>New Brunswick NJ</u>	<u>6/26/09 \$ 100</u>	
RECEIPT DESCRIPTION (if in-kind)	AGGREGATE YEAR-TO-DATE <u>\$ 100</u>	

check

CONTRIBUTOR NAME <u>Paul Bontempo</u>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <u>8 Carla Ct.</u>
OCCUPATION <u>Attorney</u>	STATE USE ONLY	(CITY, STATE AND ZIP CODE) <u>Morristown NJ 07960</u>
EMPLOYER NAME <u>self</u>	DATE(S) RECEIVED THIS PERIOD	
EMPLOYER ADDRESS (NUMBER AND STREET) <u>8 Carla Ct</u>	AMOUNT(S) RECEIVED THIS PERIOD	
(CITY, STATE AND ZIP CODE) <u>Morristown NJ 07960</u>	<u>6/26/09 \$ 100</u>	
RECEIPT DESCRIPTION (if in-kind)	AGGREGATE YEAR-TO-DATE <u>\$ 100</u>	

check

CONTRIBUTOR NAME <u>Michael Kalena</u>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <u>305 8th Ave</u>
OCCUPATION <u>Manager</u>	STATE USE ONLY	(CITY, STATE AND ZIP CODE) <u>Belmar NJ 07714</u>
EMPLOYER NAME <u>Sherwin - Williams</u>	DATE(S) RECEIVED THIS PERIOD	
EMPLOYER ADDRESS (NUMBER AND STREET) <u>536 Raymond Blvd.</u>	AMOUNT(S) RECEIVED THIS PERIOD	
(CITY, STATE AND ZIP CODE) <u>Newark NJ</u>	<u>6/29/09 \$ 100.00</u>	
RECEIPT DESCRIPTION (if in-kind)	AGGREGATE YEAR-TO-DATE <u>\$ 100</u>	

check

CONTRIBUTOR NAME <u>Suzanne Munyan</u>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <u>1607 Marigold Ave</u>
OCCUPATION <u>retired</u>	STATE USE ONLY	(CITY, STATE AND ZIP CODE) <u>Manasquan NJ 08736</u>
EMPLOYER NAME	DATE(S) RECEIVED THIS PERIOD	
EMPLOYER ADDRESS (NUMBER AND STREET)	AMOUNT(S) RECEIVED THIS PERIOD	
(CITY, STATE AND ZIP CODE)	<u>6/29/09 100</u>	
RECEIPT DESCRIPTION (if in-kind)	AGGREGATE YEAR-TO-DATE <u>\$ 100</u>	

check

1. SUBTOTAL (Add all receipts listed on this page.)

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.)

\$400

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 and NUMBER.

CONTRIBUTOR NAME Denise Coyle		STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 12 Doral Way	
OCCUPATION Administator		STATE USE ONLY	(CITY, STATE AND ZIP CODE) Neptune NJ 07753	
EMPLOYER NAME Division of Motor Vehicle			DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET) PO Box 160			6/29/09	\$100
(CITY, STATE AND ZIP CODE) Trenton NJ				
RECEIPT DESCRIPTION (if in-kind)			AGGREGATE YEAR-TO-DATE \$100	

check

CONTRIBUTOR NAME Michael Mc Gee		STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 2019 Riviera Parkway	
OCCUPATION self mortgages		STATE USE ONLY	(CITY, STATE AND ZIP CODE) Point Pleasant, Boro NJ 08742	
EMPLOYER NAME self			DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET) 2019 Riviera Parkway			6/29/09	100-
(CITY, STATE AND ZIP CODE) Point Pleasant NJ 08742				
RECEIPT DESCRIPTION (if in-kind)			AGGREGATE YEAR-TO-DATE \$100	

check

CONTRIBUTOR NAME Jere Cole		STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 54 Woodledge Ct	
OCCUPATION sheriff officer		STATE USE ONLY	(CITY, STATE AND ZIP CODE) Rockaway NJ 07866	
EMPLOYER NAME Essex county			DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET) 50 West Market St			6/29/09	100-
(CITY, STATE AND ZIP CODE) Newark NJ				
RECEIPT DESCRIPTION (if in-kind)			AGGREGATE YEAR-TO-DATE \$100-	

check

CONTRIBUTOR NAME Nancy Wolf		STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 126 Columbia St.	
OCCUPATION Cable Planning		STATE USE ONLY	(CITY, STATE AND ZIP CODE) Highland Park NJ 08904	
EMPLOYER NAME NJ BPU			DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET) 2 Gateway Center			6/29/09	\$100 -
(CITY, STATE AND ZIP CODE) Newark NJ				
RECEIPT DESCRIPTION (if in-kind)			AGGREGATE YEAR-TO-DATE \$100	

check

1. SUBTOTAL (Add all receipts listed on this page.)	\$400
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.)	

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 and NUMBER:

CONTRIBUTOR NAME <b>Joann Drennan</b>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <b>76 W. Wall St</b>
OCCUPATION <b>retired</b>	STATE USE ONLY	(CITY, STATE AND ZIP CODE) <b>Neptune NJ 07753</b>
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD <b>6/29/09</b>
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD <b>\$100-</b>
(CITY, STATE AND ZIP CODE)		
RECEIPT DESCRIPTION (if in-kind)	AGGREGATE YEAR-TO-DATE <b>\$100-</b>	

check

CONTRIBUTOR NAME <b>James Ballentine</b>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <b>137 Carolina Ave</b>
OCCUPATION <b>Staff</b>	STATE USE ONLY	(CITY, STATE AND ZIP CODE) <b>Irvington NJ 07111</b>
EMPLOYER NAME <b>NJ State Dem Committee</b>		DATE(S) RECEIVED THIS PERIOD <b>6/29/09</b>
EMPLOYER ADDRESS (NUMBER AND STREET) <b>196 West State St.</b>		AMOUNT(S) RECEIVED THIS PERIOD <b>100-</b>
(CITY, STATE AND ZIP CODE) <b>Trenton NJ 08608</b>		
RECEIPT DESCRIPTION (if in-kind)	AGGREGATE YEAR-TO-DATE <b>\$100-</b>	

check

CONTRIBUTOR NAME <b>James Bee</b>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <b>30 Greenwood Ave</b>
OCCUPATION <b>Campaign staff</b>	STATE USE ONLY	(CITY, STATE AND ZIP CODE) <b>Trenton NJ 08611</b>
EMPLOYER NAME <b>Cor Zine '09</b>		DATE(S) RECEIVED THIS PERIOD <b>6/29/09</b>
EMPLOYER ADDRESS (NUMBER AND STREET) <b>10 Kirkpatrick St</b>		AMOUNT(S) RECEIVED THIS PERIOD <b>100-</b>
(CITY, STATE AND ZIP CODE) <b>New Brunswick NJ</b>		
RECEIPT DESCRIPTION (if in-kind)	AGGREGATE YEAR-TO-DATE <b>\$100</b>	

check

CONTRIBUTOR NAME <b>Jo Glading</b>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <b>16 Mountain Church Rd</b>
OCCUPATION <b>Attorney</b>	STATE USE ONLY	(CITY, STATE AND ZIP CODE) <b>Hopewell NJ 08525</b>
EMPLOYER NAME <b>State of New Jersey</b>		DATE(S) RECEIVED THIS PERIOD <b>6/29/09</b>
EMPLOYER ADDRESS (NUMBER AND STREET) <b>240 West State St.</b>		AMOUNT(S) RECEIVED THIS PERIOD <b>\$100-</b>
(CITY, STATE AND ZIP CODE) <b>Trenton NJ</b>		
RECEIPT DESCRIPTION (if in-kind)	AGGREGATE YEAR-TO-DATE <b>\$100</b>	

check

1. SUBTOTAL (Add all receipts listed on this page.)	<b>\$400</b>
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.)	

**ITEMIZED RECEIPTS (Other than Loans)**

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 and NUMBER

CONTRIBUTOR NAME <u>Jaimee Gilmartin</u>		STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <u>29 Helen Ave.</u>	
OCCUPATION <u>Administrator</u>		STATE USE ONLY	(CITY, STATE AND ZIP CODE) <u>Freehold NJ 07728</u>	
EMPLOYER NAME <u>NJ Dept. of Personnel</u>			DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET) <u>240 W. State St.</u>			<u>6/29/09</u>	<u>100-</u>
(CITY, STATE AND ZIP CODE) <u>Trenton NJ</u>				
RECEIPT DESCRIPTION (If In-kind)		AGGREGATE YEAR-TO-DATE <u>\$100.00</u>		

check

CONTRIBUTOR NAME <u>Jon Evans</u>		STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <u>129 Western Ave.</u>	
OCCUPATION <u>Political Director</u>		STATE USE ONLY	(CITY, STATE AND ZIP CODE) <u>Morristown NJ 07960</u>	
EMPLOYER NAME <u>Monmouth County Democrats</u>			DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET) <u>64 East Main St</u>			<u>6/29/09</u>	<u>\$100-</u>
(CITY, STATE AND ZIP CODE) <u>Freehold NJ 07720</u>				
RECEIPT DESCRIPTION (If In-kind)		AGGREGATE YEAR-TO-DATE <u>\$100</u>		

check

CONTRIBUTOR NAME <u>Margaret Lee</u>		STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <u>324 New Bedford Rd</u>	
OCCUPATION <u>Sheriff's office</u>		STATE USE ONLY	(CITY, STATE AND ZIP CODE) <u>Lake Como NJ 07719</u>	
EMPLOYER NAME <u>County of Essex</u>			DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET) <u>50 West Market St</u>			<u>6/29/09</u>	<u>100-</u>
(CITY, STATE AND ZIP CODE) <u>Newark NJ</u>				
RECEIPT DESCRIPTION (If In-kind)		AGGREGATE YEAR-TO-DATE <u>\$100</u>		

check

CONTRIBUTOR NAME <u>Shawn Brennan</u>		STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <u>515 1-2 Evergreen Ave</u>	
OCCUPATION <u>government</u>		STATE USE ONLY	(CITY, STATE AND ZIP CODE) <u>Bradley Beach NJ 07720</u>	
EMPLOYER NAME <u>US House of Representatives - Frank Pallone</u>			DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET) <u>504 Broadway</u>			<u>6/29/09</u>	<u>100-</u>
(CITY, STATE AND ZIP CODE) <u>Long Branch, NJ</u>				
RECEIPT DESCRIPTION (If In-kind)		AGGREGATE YEAR-TO-DATE <u>\$100</u>		

check

<b>1. SUBTOTAL (Add all receipts listed on this page.)</b>				<u>\$400</u>
<b>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.)</b>				

**ITEMIZED RECEIPTS (Other than Loans)**

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 and NUMBER.

CONTRIBUTOR NAME <u>Jose Lozano</u>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <u>246 Brookfield Dr.</u>	DATE(S) RECEIVED THIS PERIOD <u>6/29/09</u>	AMOUNT(S) RECEIVED THIS PERIOD <u>\$100</u>
OCCUPATION <u>Director</u>	STATE USE ONLY	(CITY STATE AND ZIP CODE) <u>Jackson NJ 08527</u>		
EMPLOYER NAME <u>State of New Jersey</u>	EMPLOYER ADDRESS (NUMBER AND STREET) <u>State St</u>		RECEIPT DESCRIPTION (if in-kind)	AGGREGATE YEAR-TO-DATE <u>\$ 100</u>
(CITY, STATE AND ZIP CODE) <u>Trenton NJ</u>				

check

CONTRIBUTOR NAME <u>James Smith</u>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <u>334 Danielle Dr.</u>	DATE(S) RECEIVED THIS PERIOD <u>6/29/09</u>	AMOUNT(S) RECEIVED THIS PERIOD <u>\$100</u>
OCCUPATION <u>insurance</u>	STATE USE ONLY	(CITY STATE AND ZIP CODE) <u>Ocean NJ 07712</u>		
EMPLOYER NAME <u>self</u>	EMPLOYER ADDRESS (NUMBER AND STREET) <u>334 Danielle Dr</u>		RECEIPT DESCRIPTION (if in-kind)	AGGREGATE YEAR-TO-DATE <u>\$100</u>
(CITY, STATE AND ZIP CODE) <u>Ocean NJ</u>				

check

CONTRIBUTOR NAME <u>Robert Quirk</u>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <u>108 Washington Ave</u>	DATE(S) RECEIVED THIS PERIOD <u>6/29/09</u>	AMOUNT(S) RECEIVED THIS PERIOD <u>\$100</u>
OCCUPATION <u>Administrador</u>	STATE USE ONLY	(CITY STATE AND ZIP CODE) <u>Avon by the Sea NJ 07717</u>		
EMPLOYER NAME <u>NJ Turnpike Authority</u>	EMPLOYER ADDRESS (NUMBER AND STREET) <u>510 Main St.</u>		RECEIPT DESCRIPTION (if in-kind)	AGGREGATE YEAR-TO-DATE <u>\$100</u>
(CITY STATE AND ZIP CODE) <u>Woodbridge NJ</u>				

check

CONTRIBUTOR NAME <u>Olaf Olsen</u>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <u>33 Burnside Av</u>	DATE(S) RECEIVED THIS PERIOD <u>6/29/09</u>	AMOUNT(S) RECEIVED THIS PERIOD <u>100</u>
OCCUPATION <u>Union Rep</u>	STATE USE ONLY	(CITY STATE AND ZIP CODE) <u>Staten Island NY 10302</u>		
EMPLOYER NAME <u>NYC District Council of Carpenters</u>	EMPLOYER ADDRESS (NUMBER AND STREET) <u>395 Hudson St.</u>		RECEIPT DESCRIPTION (if in-kind)	AGGREGATE YEAR-TO-DATE <u>\$100 do date</u>
(CITY STATE AND ZIP CODE) <u>New York NY 10014</u>				

check

\$ 400

**ITEMIZED RECEIPTS (Other than Loans)**

**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 and NUMBER:

CONTRIBUTOR NAME <u>Ronald Chen</u>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <u>102 Pine Grove Rd</u>	DATE(S) RECEIVED THIS PERIOD <u>6/29/09</u>	AMOUNT(S) RECEIVED THIS PERIOD <u>\$100</u>
OCCUPATION <u>Attorney</u>	STATE USE ONLY	(CITY, STATE AND ZIP CODE) <u>Berkeley Heights NJ 07923</u>		
EMPLOYER NAME <u>State of New Jersey</u>	EMPLOYER ADDRESS (NUMBER AND STREET) <u>240 West State St</u>		RECEIPT DESCRIPTION (if in-kind)	AGGREGATE YEAR-TO-DATE <u>\$100</u>
(CITY, STATE AND ZIP CODE) <u>Trenton NJ</u>				

check

CONTRIBUTOR NAME <u>James Carroll</u>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <u>60 Ford Ave</u>	DATE(S) RECEIVED THIS PERIOD <u>6/29/09</u>	AMOUNT(S) RECEIVED THIS PERIOD <u>100</u>
OCCUPATION <u>Town councilman</u>	STATE USE ONLY	(CITY, STATE AND ZIP CODE) <u>Fords NJ 08863</u>		
EMPLOYER NAME <u>Wood bridge NJ</u>	EMPLOYER ADDRESS (NUMBER AND STREET) <u>1 Mann St.</u>		RECEIPT DESCRIPTION (if in-kind)	AGGREGATE YEAR-TO-DATE <u>\$100</u>
(CITY, STATE AND ZIP CODE) <u>Wood bridge NJ</u>				

check

CONTRIBUTOR NAME <u>Robert Yachel</u>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <u>25 Dellwood Rd</u>	DATE(S) RECEIVED THIS PERIOD <u>6/29/09</u>	AMOUNT(S) RECEIVED THIS PERIOD <u>100</u>
OCCUPATION <u>Fire chief</u>	STATE USE ONLY	(CITY, STATE AND ZIP CODE) <u>Edison NJ 08820</u>		
EMPLOYER NAME <u>Edison Township</u>	EMPLOYER ADDRESS (NUMBER AND STREET) <u>100 Municipal Blvd.</u>		RECEIPT DESCRIPTION (if in-kind)	AGGREGATE YEAR-TO-DATE <u>\$100</u>
(CITY, STATE AND ZIP CODE) <u>Edison NJ</u>				

check

CONTRIBUTOR NAME <u>Michael Premo</u>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <u>257 Tulip Lane</u>	DATE(S) RECEIVED THIS PERIOD <u>6/29/09</u>	AMOUNT(S) RECEIVED THIS PERIOD <u>\$100</u>
OCCUPATION <u>Chief of staff</u>	STATE USE ONLY	(CITY, STATE AND ZIP CODE) <u>Freehold NJ 07728</u>		
EMPLOYER NAME <u>NJ Public Advocate</u>	EMPLOYER ADDRESS (NUMBER AND STREET) <u>240 West State St.</u>		RECEIPT DESCRIPTION (if in-kind)	AGGREGATE YEAR-TO-DATE <u>\$100</u>
(CITY, STATE AND ZIP CODE) <u>Trenton NJ</u>				

check

<b>1. SUBTOTAL (Add all receipts listed on this page.)</b>	<u>400</u>
<b>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.)</b>	

**ITEMIZED RECEIPTS (Other than Loans)** SCHEDULE A Page No. 17 of 23

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 and NUMBER:

CONTRIBUTOR NAME <i>George Sullivan</i>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <i>503 2nd Ave</i>
OCCUPATION <i>retired</i>	STATE USE ONLY	(CITY, STATE AND ZIP CODE) <i>Bradley Beach NJ 07720</i>
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD <i>6/29/09</i>
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD <i>200</i>
(CITY, STATE AND ZIP CODE)		
RECEIPT DESCRIPTION (if in-kind)	AGGREGATE YEAR-TO-DATE <i>\$200</i>	

check

CONTRIBUTOR NAME <i>Mark Matzen</i>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <i>106 Abernethy Dr.</i>
OCCUPATION <i>Deputy chief of staff</i>	STATE USE ONLY	(CITY, STATE AND ZIP CODE) <i>Trenton NJ 08618</i>
EMPLOYER NAME <i>State of New Jersey</i>		DATE(S) RECEIVED THIS PERIOD <i>6/29/09</i>
EMPLOYER ADDRESS (NUMBER AND STREET) <i>240 West State St.</i>		AMOUNT(S) RECEIVED THIS PERIOD <i>\$200</i>
(CITY, STATE AND ZIP CODE) <i>Trenton NJ</i>		
RECEIPT DESCRIPTION (if in-kind)	AGGREGATE YEAR-TO-DATE <i>\$200</i>	

check

CONTRIBUTOR NAME <i>Paul Caverly</i>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <i>102 River Ct</i>
OCCUPATION <i>Executive Director</i>	STATE USE ONLY	(CITY, STATE AND ZIP CODE) <i>Belmar NJ 07719</i>
EMPLOYER NAME <i>Belmar housing authority</i>		DATE(S) RECEIVED THIS PERIOD <i>6/29/09</i>
EMPLOYER ADDRESS (NUMBER AND STREET) <i>Main St.</i>		AMOUNT(S) RECEIVED THIS PERIOD <i>\$200</i>
(CITY, STATE AND ZIP CODE) <i>Belmar NJ</i>		
RECEIPT DESCRIPTION (if in-kind)	AGGREGATE YEAR-TO-DATE <i>\$200</i>	

check

CONTRIBUTOR NAME <i>Kendra Barry</i>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <i>619 New York Blvd</i>
OCCUPATION <i>investments</i>	STATE USE ONLY	(CITY, STATE AND ZIP CODE) <i>Sea Girt NJ 08750</i>
EMPLOYER NAME <i>Bank of America</i>		DATE(S) RECEIVED THIS PERIOD <i>6/29/09</i>
EMPLOYER ADDRESS (NUMBER AND STREET) <i>Main St</i>		AMOUNT(S) RECEIVED THIS PERIOD <i>200</i>
(CITY, STATE AND ZIP CODE) <i>Belmar NJ</i>		
RECEIPT DESCRIPTION (if in-kind)	AGGREGATE YEAR-TO-DATE <i>\$200</i>	

check

1. SUBTOTAL (Add all receipts listed on this page.)	<i>\$800</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.)	

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 and NUMBER:

CONTRIBUTOR NAME Laura Matos	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 105 Spinnaker Way	DATE(S) RECEIVED THIS PERIOD 6/29/09	AMOUNT(S) RECEIVED THIS PERIOD \$200
OCCUPATION Director	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Naperville NJ 07753		
EMPLOYER NAME State of NJ	EMPLOYER ADDRESS (NUMBER AND STREET) 125 West State St.		DATE(S) RECEIVED THIS PERIOD 6/29/09	AMOUNT(S) RECEIVED THIS PERIOD \$200
	(CITY, STATE AND ZIP CODE) Trenton NJ			
RECEIPT DESCRIPTION (if in-kind)	AGGREGATE YEAR-TO-DATE \$200			

check

CONTRIBUTOR NAME Peter Cammarano	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 222 West State St Suite 210	DATE(S) RECEIVED THIS PERIOD 6/29/09	AMOUNT(S) RECEIVED THIS PERIOD \$300
OCCUPATION partner	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Trenton NJ 08608		
EMPLOYER NAME Cammarano Hagan Partners LLC	EMPLOYER ADDRESS (NUMBER AND STREET) 222 West State St		DATE(S) RECEIVED THIS PERIOD 6/29/09	AMOUNT(S) RECEIVED THIS PERIOD \$300
	(CITY, STATE AND ZIP CODE) Trenton NJ 08608			
RECEIPT DESCRIPTION (if in-kind)	AGGREGATE YEAR-TO-DATE \$300.00			

check

CONTRIBUTOR NAME Joseph Giambroone	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 784 Tunny Point Dr	DATE(S) RECEIVED THIS PERIOD 6/29/09	AMOUNT(S) RECEIVED THIS PERIOD 200
OCCUPATION retired	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Toms River NJ 08753		
EMPLOYER NAME	EMPLOYER ADDRESS (NUMBER AND STREET)		DATE(S) RECEIVED THIS PERIOD 6/29/09	AMOUNT(S) RECEIVED THIS PERIOD 200
	(CITY, STATE AND ZIP CODE)			
RECEIPT DESCRIPTION (if in-kind)	AGGREGATE YEAR-TO-DATE 200			

check

CONTRIBUTOR NAME Kenneth Pringle	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 203 1st Ave	DATE(S) RECEIVED THIS PERIOD 6/29/09	AMOUNT(S) RECEIVED THIS PERIOD 200
OCCUPATION attorney	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Belmer NJ 07719		
EMPLOYER NAME Pringle Quinn Anzano	EMPLOYER ADDRESS (NUMBER AND STREET) 701 Seventh Ave		DATE(S) RECEIVED THIS PERIOD 6/29/09	AMOUNT(S) RECEIVED THIS PERIOD 200
	(CITY, STATE AND ZIP CODE) Belmer NJ 07719			
RECEIPT DESCRIPTION (if in-kind)	AGGREGATE YEAR-TO-DATE \$200			

check

1. SUBTOTAL (Add all receipts listed on this page.)	\$900
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.)	

**ITEMIZED RECEIPTS (Other than Loans)** SCHEDULE A Page No. 19 of 23

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 and NUMBER:

CONTRIBUTOR NAME <u>David Pollack</u>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <u>101-8<sup>th</sup> Ave</u>	DATE(S) RECEIVED THIS PERIOD <u>6/29/09</u>	AMOUNT(S) RECEIVED THIS PERIOD <u>\$200</u>
OCCUPATION <u>builder</u>	STATE USE ONLY	(CITY, STATE AND ZIP CODE) <u>Belmar NJ 07719</u>		
EMPLOYER NAME <u>self</u>	EMPLOYER ADDRESS (NUMBER AND STREET) <u>101 8<sup>th</sup> Ave me</u>		DATE(S) RECEIVED THIS PERIOD <u>6/29/09</u>	AMOUNT(S) RECEIVED THIS PERIOD <u>\$200</u>
	(CITY, STATE AND ZIP CODE) <u>Belmar NJ</u>			
RECEIPT DESCRIPTION (If In-kind)		AGGREGATE YEAR-TO-DATE <u>\$200</u>		

check

CONTRIBUTOR NAME <u>Meredith Brennan</u>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <u>404 11<sup>th</sup> Ave</u>	DATE(S) RECEIVED THIS PERIOD <u>6/29/09</u>	AMOUNT(S) RECEIVED THIS PERIOD <u>\$200</u>
OCCUPATION <u>Councilwoman</u>	STATE USE ONLY	(CITY, STATE AND ZIP CODE) <u>Belmar NJ 07719</u>		
EMPLOYER NAME <u>Belmar</u>	EMPLOYER ADDRESS (NUMBER AND STREET) <u>601 Main St.</u>		DATE(S) RECEIVED THIS PERIOD <u>6/29/09</u>	AMOUNT(S) RECEIVED THIS PERIOD <u>\$200</u>
	(CITY, STATE AND ZIP CODE) <u>Belmar NJ 07719</u>			
RECEIPT DESCRIPTION (If In-kind)		AGGREGATE YEAR-TO-DATE <u>\$200</u>		

check

CONTRIBUTOR NAME <u>Paul Matacera</u>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <u>212 West State St</u>	DATE(S) RECEIVED THIS PERIOD <u>6/29/09</u>	AMOUNT(S) RECEIVED THIS PERIOD <u>\$300</u>
OCCUPATION <u>lobbiest</u>	STATE USE ONLY	(CITY, STATE AND ZIP CODE) <u>Trenton NJ 08608</u>		
EMPLOYER NAME <u>Gluck Shaw</u>	EMPLOYER ADDRESS (NUMBER AND STREET) <u>212 West State St.</u>		DATE(S) RECEIVED THIS PERIOD <u>6/29/09</u>	AMOUNT(S) RECEIVED THIS PERIOD <u>\$300</u>
	(CITY, STATE AND ZIP CODE) <u>Trenton NJ 08608</u>			
RECEIPT DESCRIPTION (If In-kind)		AGGREGATE YEAR-TO-DATE <u>\$300</u>		

check

CONTRIBUTOR NAME <u>Rosemary McFadden</u>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <u>31 River Ct Apt 2005</u>	DATE(S) RECEIVED THIS PERIOD <u>6/29/09</u>	AMOUNT(S) RECEIVED THIS PERIOD <u>\$250</u>
OCCUPATION <u>Deputy Mayor</u>	STATE USE ONLY	(CITY, STATE AND ZIP CODE) <u>Jersey City NJ 07310</u>		
EMPLOYER NAME <u>Jersey City</u>	EMPLOYER ADDRESS (NUMBER AND STREET) <u>280 Grove St, Jersey City NJ</u>		DATE(S) RECEIVED THIS PERIOD <u>6/29/09</u>	AMOUNT(S) RECEIVED THIS PERIOD <u>\$250</u>
	(CITY, STATE AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-kind)		AGGREGATE YEAR-TO-DATE <u>\$250</u>		

check

1. SUBTOTAL (Add all receipts listed on this page.)	<u>950</u>
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.)	

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 and NUMBER:

CONTRIBUTOR NAME Edward Washburne	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 15 Madison Ave
OCCUPATION attorney	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Red Bank NJ 07701
EMPLOYER NAME McKenna, DePant, Higgins	DATE(S) RECEIVED THIS PERIOD	
EMPLOYER ADDRESS (NUMBER AND STREET) 29 Broad St.	AMOUNT(S) RECEIVED THIS PERIOD	
(CITY, STATE AND ZIP CODE) Red Bank NJ	6/29/09	\$150
RECEIPT DESCRIPTION (if in-kind)	AGGREGATE YEAR-TO-DATE \$150	

check

CONTRIBUTOR NAME Patricia Campos	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 5 Bridge Hollow Rd
OCCUPATION activist	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Califon NJ 07830
EMPLOYER NAME UNITE HERE	DATE(S) RECEIVED THIS PERIOD	
EMPLOYER ADDRESS (NUMBER AND STREET) 205-205 N Sovereign Ave	AMOUNT(S) RECEIVED THIS PERIOD	
(CITY, STATE AND ZIP CODE) Atlantic City NJ 08401	6/29/09	\$200.00
RECEIPT DESCRIPTION (if in-kind)	AGGREGATE YEAR-TO-DATE	

check

CONTRIBUTOR NAME Scott Kisch	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 2 12 <sup>th</sup> St. Apt. 1008
OCCUPATION Administrator	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Hoboken NJ 07030
EMPLOYER NAME State of NJ	DATE(S) RECEIVED THIS PERIOD	
EMPLOYER ADDRESS (NUMBER AND STREET) 240 West State St.	AMOUNT(S) RECEIVED THIS PERIOD	
(CITY, STATE AND ZIP CODE) Trenton NJ 08608	6/29/09	\$150
RECEIPT DESCRIPTION (if in-kind)	AGGREGATE YEAR-TO-DATE \$150	

check

CONTRIBUTOR NAME Kevin Drennan	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 135 Concord Ave
OCCUPATION Field Director	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Hamilton NJ 08619
EMPLOYER NAME NJ DSC	DATE(S) RECEIVED THIS PERIOD	
EMPLOYER ADDRESS (NUMBER AND STREET) 196 West State St.	AMOUNT(S) RECEIVED THIS PERIOD	
(CITY, STATE AND ZIP CODE) Trenton NJ 08608	6/29/09	\$500.00
RECEIPT DESCRIPTION (if in-kind)	AGGREGATE YEAR-TO-DATE \$500	

check

1. SUBTOTAL (Add all receipts listed on this page.)	\$1000
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.)	

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 and NUMBER:

CONTRIBUTOR NAME Matthew Doherty	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 112 Inlet Terr.
OCCUPATION Mortgages / Council man	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Belmar NJ
EMPLOYER NAME Doherty Financial		DATE(S) RECEIVED THIS PERIOD 6/29/09
EMPLOYER ADDRESS (NUMBER AND STREET) Main St		AMOUNT(S) RECEIVED THIS PERIOD 500
(CITY, STATE AND ZIP CODE) Belmar NJ 07719		
RECEIPT DESCRIPTION (if in-kind)	AGGREGATE YEAR-TO-DATE \$500	

CONTRIBUTOR NAME Frank Lautenberg	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) PO Box 960
OCCUPATION US Senator	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Cliffside Park NJ 07010
EMPLOYER NAME US Senate		DATE(S) RECEIVED THIS PERIOD 6/29/09
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD 100
(CITY, STATE AND ZIP CODE) Washington DC 20515		
RECEIPT DESCRIPTION (if in-kind)	AGGREGATE YEAR-TO-DATE \$100	

check

CONTRIBUTOR NAME Kevin Burke	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 48 South Irving
OCCUPATION Attorney	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Buffalo NY 14233
EMPLOYER NAME Jaekie Fleischmann		DATE(S) RECEIVED THIS PERIOD 6/22/09
EMPLOYER ADDRESS (NUMBER AND STREET) 12 Fountain Plaza		AMOUNT(S) RECEIVED THIS PERIOD 250
(CITY, STATE AND ZIP CODE) Buffalo NY 14202		
RECEIPT DESCRIPTION (if in-kind)	AGGREGATE YEAR-TO-DATE \$250	

check

CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE)
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE AND ZIP CODE)		
RECEIPT DESCRIPTION (if in-kind)	AGGREGATE YEAR-TO-DATE	

1. SUBTOTAL (Add all receipts listed on this page.) \$850

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.)

**ITEMIZED RECEIPTS (Other than Loans)** **SCHEDULE A** Page No. 22 of 23

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 and NUMBER:

CONTRIBUTOR NAME <u>Lorraine Walsh</u>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <u>1 Windsor Terr</u>
OCCUPATION <u>Manager</u>	STATE USE ONLY	(CITY, STATE AND ZIP CODE) <u>Neptune NJ 07758</u>
EMPLOYER NAME <u>Port Authority ny/nj</u>		DATE(S) RECEIVED THIS PERIOD <u>6/29/09</u>
EMPLOYER ADDRESS (NUMBER AND STREET) <u>225 Park Ave South</u>		AMOUNT(S) RECEIVED THIS PERIOD <u>\$50.00</u>
(CITY, STATE AND ZIP CODE) <u>Newark NJ</u>		
RECEIPT DESCRIPTION (if in-kind)		AGGREGATE YEAR-TO-DATE

check

CONTRIBUTOR NAME <u>Reenie Van Buren</u>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <u>117 Ashbury Ave</u>
OCCUPATION <u>owner</u>	STATE USE ONLY	(CITY, STATE AND ZIP CODE) <u>Ocean Grove NJ 07756</u>
EMPLOYER NAME <u>Bachman Cafe</u>		DATE(S) RECEIVED THIS PERIOD <u>6/29/09</u>
EMPLOYER ADDRESS (NUMBER AND STREET) <u>Bradley Beach train station</u>		AMOUNT(S) RECEIVED THIS PERIOD <u>50.00</u>
(CITY, STATE AND ZIP CODE) <u>Bradley Beach NJ 07720</u>		
RECEIPT DESCRIPTION (if in-kind)		AGGREGATE YEAR-TO-DATE <u>50-</u>

check

CONTRIBUTOR NAME <u>Neil Scheck</u>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <u>410 4th Ave</u>
OCCUPATION <u>home health aide</u>	STATE USE ONLY	(CITY, STATE AND ZIP CODE) <u>Belmar NJ 07719</u>
EMPLOYER NAME <u>self</u>		DATE(S) RECEIVED THIS PERIOD <u>6/29/09</u>
EMPLOYER ADDRESS (NUMBER AND STREET) <u>410 4th Ave</u>		AMOUNT(S) RECEIVED THIS PERIOD <u>\$100.00</u>
(CITY, STATE AND ZIP CODE) <u>Belmar NJ</u>		
RECEIPT DESCRIPTION (if in-kind)		AGGREGATE YEAR-TO-DATE <u>\$100-</u>

check

CONTRIBUTOR NAME <u>Elyse Lichtenhal</u>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) <u>31 Brookside Circle</u>
OCCUPATION <u>Finance Director</u>	STATE USE ONLY	(CITY, STATE AND ZIP CODE) <u>Marlboro NJ 07746</u>
EMPLOYER NAME <u>Monmouth County Democrats</u>		DATE(S) RECEIVED THIS PERIOD <u>6/29/09</u>
EMPLOYER ADDRESS (NUMBER AND STREET) <u>64 East Main St</u>		AMOUNT(S) RECEIVED THIS PERIOD <u>\$60.00</u>
(CITY, STATE AND ZIP CODE) <u>Freehold NJ 07728</u>		
RECEIPT DESCRIPTION (if in-kind)		AGGREGATE YEAR-TO-DATE <u>\$60-</u>

check

1. SUBTOTAL (Add all receipts listed on this page.)	<u>\$260</u>
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.)	

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 and NUMBER:

CONTRIBUTOR NAME Mark Quirk	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 1000 River Rd		
OCCUPATION toll collector	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Belmar NJ 07719		
EMPLOYER NAME NJ Turnpike Authority			DATE(S) RECEIVED THIS PERIOD 6/29/09	AMOUNT(S) RECEIVED THIS PERIOD \$100
EMPLOYER ADDRESS (NUMBER AND STREET) 581 Main St				
(CITY, STATE AND ZIP CODE) Woodbridge NJ				
RECEIPT DESCRIPTION (If In-kind)		AGGREGATE YEAR-TO-DATE \$100		

check

CONTRIBUTOR NAME Jim Quakenbush	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 310 3rd Ave		
OCCUPATION Marketing & Communications	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Bradley Beach NJ 07720		
EMPLOYER NAME NJ Dept. of Labor			DATE(S) RECEIVED THIS PERIOD 6/29/09	AMOUNT(S) RECEIVED THIS PERIOD 100
EMPLOYER ADDRESS (NUMBER AND STREET) John Fitch Way				
(CITY, STATE AND ZIP CODE) Trenton NJ				
RECEIPT DESCRIPTION (If In-kind)		AGGREGATE YEAR-TO-DATE \$100		

check

CONTRIBUTOR NAME David Valiaveedou	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 311 9th Ave.		
OCCUPATION CFO	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Belmar NJ 07719		
EMPLOYER NAME K. Hovnanian			DATE(S) RECEIVED THIS PERIOD 6/29/09	AMOUNT(S) RECEIVED THIS PERIOD 100
EMPLOYER ADDRESS (NUMBER AND STREET) 110 West Front St.				
(CITY, STATE AND ZIP CODE) Red Bank NJ 07701				
RECEIPT DESCRIPTION (If In-kind)		AGGREGATE YEAR-TO-DATE \$100		

check

CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)		
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE)		
EMPLOYER NAME			DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)				
(CITY, STATE AND ZIP CODE)				
RECEIPT DESCRIPTION (If In-kind)		AGGREGATE YEAR-TO-DATE		

1. SUBTOTAL (Add all receipts listed on this page.) \$300

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.)

**SCHEDULE 1(D) - DISBURSEMENTS**  
**Campaign Expenses**


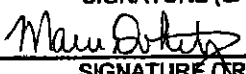
PAYMENT DATE	CHECK NO	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
7/1/09	debit	Kintech Printing PO Box 1225 Wall NJ 07719	newsletter printing and postage	\$ 1466.67	\$ 1466.67	\$ 0
7/26/09	1001	Kintech Printing	printing and postage	\$ 513.09	\$ 513.09	
<p>(COMPLETE THIS LINE FOR EVERY PAGE USED)</p> <p>TOTAL, THIS PAGE</p>				\$	\$ 1979.76	\$
<p>(COMPLETE THIS LINE FOR LAST PAGE USED)</p> <p>GRAND TOTAL</p>				\$	\$ 1979.76	\$

## STATEMENT OF CAMPAIGN DEPOSITORY AND CAMPAIGN TREASURER

<b>Opening Balance, this report</b> (Insert closing balance of last report, or, if this is the first report filed by this entity for this election, insert zero)	\$ <u>1128 01</u>
<b>Funds Transferred from Prior Campaign</b>	\$ <u>0</u>
<b>Deposits (Include interest)</b>	\$ <u>15795</u>
<b>Disbursements (Include bank charges)</b>	\$ <u>6479.76</u>
<b>Closing Balance, this Report</b>	\$ <u>10,443.25</u>
<u>Bank of America</u> NAME OF BANK OR DEPOSITORY	<u>Matt Doherty for Council</u> NAME OF ACCOUNT
<u>PO Box 25118 Tampa FL 33622</u> ADDRESS OF BANK OR DEPOSITORY	
<u>Maurcen Doherty</u> NAME OF TREASURER	<u>908 490-0922</u> TELEPHONE NUMBER (DAY)
<u>321 Cook Ave Scotch Plains NJ 07076</u> ADDRESS OF 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.

<u>6/16/11</u> DATE	<u>Matthew J Doherty</u> PRINT FULL NAME (CANDIDATE)	 SIGNATURE (CANDIDATE)
_____	_____	_____
_____	_____	_____
_____	_____	_____
<u>6/16/11</u> DATE	<u>Maurcen A Doherty</u> 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# 60139

### 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	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
_____	_____	_____
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
_____	_____	_____
DATE	PRINT FULL NAME (CANDIDATE)	SIGNATURE (CANDIDATE)
_____	_____	_____
DATE	PRINT FULL NAME (TREASURER)	SIGNATURE (TREASURER)