

FORM R-1		REPORT OF CONTRIBUTIONS AND EXPENDITURES		REPORT (CHECK ONE)	
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) Web site: http://www.elec.state.nj.us/				<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.	
CANDIDATE OR COMMITTEE NAME Matt Deheer for Council				<div style="border: 1px solid black; padding: 5px; transform: rotate(-5deg); display: inline-block;"> RECEIVED AUG 24 11 </div>	
STREET ADDRESS 112 Inlet Terrace					
CITY Belmar	STATE NJ	ZIP CODE 07714		Amendment Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> For State Use Only ELEC RECEIVED AUG 08 2011	
COUNTY Monmouth	ELECTION DISTRICT OR MUNICIPALITY Belmar				
POLITICAL PARTY, IF ANY democrat	OFFICE SOUGHT Council				
ELECTION DATE 11/3/09	ELECTION TYPE (CHECK ONE)	<input type="checkbox"/> PRIMARY <input checked="" type="checkbox"/> GENERAL	<input type="checkbox"/> MUNICIPAL <input type="checkbox"/> RUN-OFF	<input type="checkbox"/> SCHOOL <input type="checkbox"/> FIRE DISTRICT	<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	\$ 13,025
2 MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]				\$ 5560	\$ 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] (-)				\$ 3,000	\$ 3,000
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					
1 DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]				\$ 1,976.76	\$ 4,265.70
2 DISBURSEMENTS - OTHER [Schedule 2(D)]				\$	\$ 38.52
3 DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]				\$ 1,500.	\$ 1,500
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)				\$ 3,479.76	\$ 3,804.22
8 REFUNDED DISBURSEMENTS [Schedule F] (-)				\$ 0	\$ 0
9 TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)				\$ 3,479.76	\$ 3,804.22

SCHEDULE A

Monetary Contributions In Excess of \$300 and All Currency Contributions

CONTRIBUTOR NAME Steven Rubin			EMPLOYER NAME Cisco Systems		
CONTRIBUTOR ADDRESS 25 Forest Dr.			EMPLOYER ADDRESS 170 West Tasman Dr		
Succasunna NJ 07874			San Jose CA 95134		
CHECK IF CURRENCY <input type="checkbox"/>		AGGREGATE AMOUNT \$ 50	DATE(S) RECEIVED 9/14/09	AMOUNT(S) RECEIVED THIS PERIOD \$ 50.00	
OCCUPATION engineer					
CONTRIBUTOR NAME State Troopers Fraternal Assn			EMPLOYER NAME		
CONTRIBUTOR ADDRESS 2634 Highway 70			EMPLOYER ADDRESS		
Manassqua NJ 08736					
CHECK IF CURRENCY <input type="checkbox"/>		AGGREGATE AMOUNT \$ 1500	DATE(S) RECEIVED 6/24/09	AMOUNT(S) RECEIVED THIS PERIOD \$ 1,500	
OCCUPATION					
CONTRIBUTOR NAME Renee Unger			EMPLOYER NAME Toma Abstract Inc.		
CONTRIBUTOR ADDRESS 36 Engleberg Terrace			EMPLOYER ADDRESS 36 Engleberg Terr		
Lakewood NJ 08701			Lakewood NJ 08701		
CHECK IF CURRENCY <input type="checkbox"/>		AGGREGATE AMOUNT \$ 500	DATE(S) RECEIVED 6/24/09	AMOUNT(S) RECEIVED THIS PERIOD \$ 500	
OCCUPATION Realtor/titk insurance					
CONTRIBUTOR NAME James Fox			EMPLOYER NAME self		
CONTRIBUTOR ADDRESS 310 Lexington Ave #4H			EMPLOYER ADDRESS Same as home		
New York ny 10016					
CHECK IF CURRENCY <input type="checkbox"/>		AGGREGATE AMOUNT \$ 300	DATE(S) RECEIVED 6/24/09	AMOUNT(S) RECEIVED THIS PERIOD \$ 300	
OCCUPATION political consultant					
CONTRIBUTOR NAME			EMPLOYER NAME		
CONTRIBUTOR ADDRESS			EMPLOYER ADDRESS		
CHECK IF CURRENCY <input type="checkbox"/>		AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$	
OCCUPATION					
(COMPLETE THIS LINE FOR EVERY PAGE USED)			TOTAL, THIS PAGE	\$ 2350	
(COMPLETE THIS LINE FOR LAST PAGE USED)			GRAND TOTAL	\$ 2350	

STATEMENT OF CAMPAIGN DEPOSITORY AND CAMPAIGN TREASURER

Opening Balance, this report (Insert closing balance of last report, or, if this is the first report filed by this entity for this election, insert zero)	\$ 1128.01
Funds Transferred from Prior Campaign	\$ 0
Deposits (Include interest)	\$ 15795
Disbursements (Include bank charges)	\$ 6479.76
Closing Balance, this Report	\$ 10,443.25
<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>Mauriceen Doherty</u> NAME OF TREASURER	*TELEPHONE NUMBER (DAY)
<u>321 Look Ave Scotch Plains NJ</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>8/3/11</u> DATE	<u>Matthew Doherty</u> PRINT FULL NAME (CANDIDATE)	<u>Mat D</u> SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
<u>8/3/11</u> DATE	<u>Mauriceen Doherty</u> PRINT FULL NAME (TREASURER)	<u>Maur Doherty</u> 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# _____

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)