

FORM R-1		REPORT OF CONTRIBUTIONS AND EXPENDITURES		REPORT (CHECK ONE): <input type="checkbox"/> 29 - DAY PRE-ELECTION <input checked="" 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, _____		
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/				Amendment Yes <input type="checkbox"/> No <input type="checkbox"/>		
CANDIDATE OR COMMITTEE NAME <i>Doherty for Mayor</i>				For State Use Only		
STREET ADDRESS <i>112 Inlet Terrace</i>						
CITY <i>Belmar</i>		STATE <i>NJ</i>	ZIP CODE <i>07719</i>			
COUNTY <i>Monmouth</i>		ELECTION DISTRICT OR MUNICIPALITY <i>Belmar</i>				
POLITICAL PARTY, IF ANY <i>Democrat</i>		OFFICE SOUGHT <i>Mayor</i>				
ELECTION DATE <i>6/8/10</i>		ELECTION TYPE (CHECK ONE) <input checked="" type="checkbox"/> PRIMARY <input type="checkbox"/> RUN-OFF		<input type="checkbox"/> MUNICIPAL SCHOOL <input type="checkbox"/> GENERAL 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	\$ <i>1750.00</i>	\$ <i>1850.00</i>
2. MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]	\$ <i>0</i>	\$ <i>0</i>
3. IN-KIND CONTRIBUTIONS OF \$300 OR LESS	\$ <i>0</i>	\$ <i>0</i>
4. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]	\$ <i>0</i>	\$ <i>0</i>
5. LOANS RECEIVED IN EXCESS OF \$300 AND ALL CURRENCY LOANS [Schedule C]	\$ <i>0</i>	\$ <i>0</i>
6. SUB TOTAL (ADD LINES 1 THRU 5)	\$ <i>1750.00</i>	\$ <i>1850.00</i>
7. REFUND OF EXCESSIVE CONTRIBUTIONS [Adjustment Schedule] (-)	\$ <i>0</i>	\$ <i>0</i>
8. TOTAL CONTRIBUTIONS	\$ <i>0</i>	\$ <i>0</i>
9. ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)	\$ <i>0</i>	\$ <i>0</i>
10. TOTAL RECEIPTS (ADD LINE 8 + LINE 9)	\$ <i>1750.00</i>	\$ <i>1850.00</i>

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

SCHEDULE A

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

CONTRIBUTOR NAME Matt Doherty		EMPLOYER NAME New England Financial	
CONTRIBUTOR ADDRESS 112 Inlet Terrace Belmar NJ 07719		EMPLOYER ADDRESS 1305 Campus Pkwy Wall NJ 07753	
<input checked="" type="checkbox"/>	CHECK IF CURRENCY	AGGREGATE AMOUNT \$	DATE(S) RECEIVED 5/3/10
OCCUPATION councilman/financial advisor		AMOUNT(S) RECEIVED THIS PERIOD \$ 1050	
CONTRIBUTOR NAME John R. Doherty		EMPLOYER NAME	
CONTRIBUTOR ADDRESS 362 Orient Way Rutherford NJ 07070		EMPLOYER ADDRESS	
<input type="checkbox"/>	CHECK IF CURRENCY	AGGREGATE AMOUNT \$ 500	DATE(S) RECEIVED 5/19/10
OCCUPATION retired		AMOUNT(S) RECEIVED THIS PERIOD \$ 500	
CONTRIBUTOR NAME Mary Reilly		EMPLOYER NAME Irish Center	
CONTRIBUTOR ADDRESS 1000 River Rd. Belmar NJ 07719		EMPLOYER ADDRESS 1120 3rd Ave Spring Lake NJ 07762	
<input type="checkbox"/>	CHECK IF CURRENCY	AGGREGATE AMOUNT \$ 200	DATE(S) RECEIVED 5/19/10
OCCUPATION owner		AMOUNT(S) RECEIVED THIS PERIOD \$ 200	
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
<input type="checkbox"/>	CHECK IF CURRENCY	AGGREGATE AMOUNT \$	DATE(S) RECEIVED
OCCUPATION		AMOUNT(S) RECEIVED THIS PERIOD \$	
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
<input type="checkbox"/>	CHECK IF CURRENCY	AGGREGATE AMOUNT \$	DATE(S) RECEIVED
OCCUPATION		AMOUNT(S) RECEIVED THIS PERIOD \$	
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	\$ 1750.00
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$ 1750.00

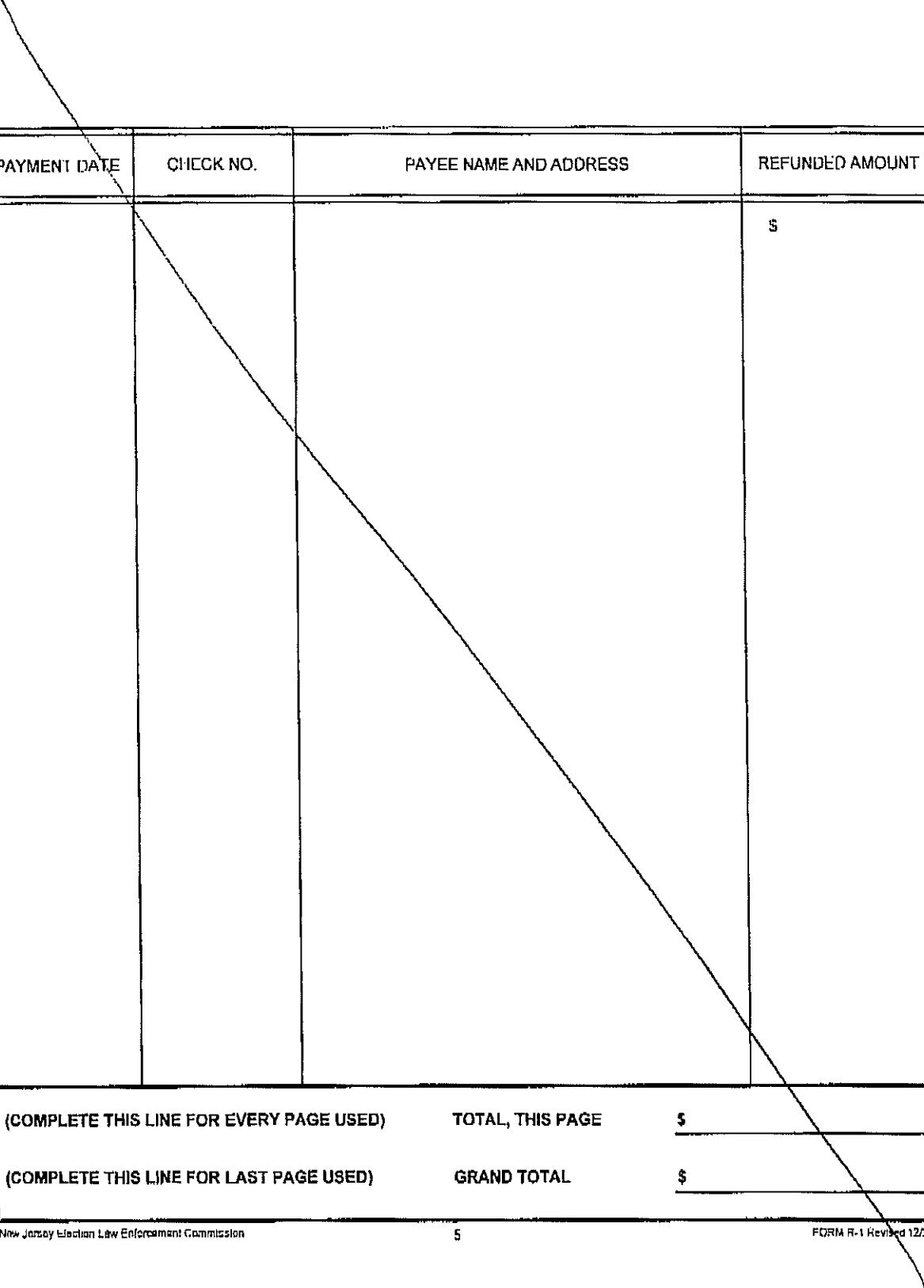
SCHEDULE B
In-Kind Contributions in Excess of \$300

CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION			
DESCRIPTION OF IN-KIND CONTRIBUTION(S)			
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION			
DESCRIPTION OF IN-KIND CONTRIBUTION(S)			
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION			
DESCRIPTION OF IN-KIND CONTRIBUTION(S)			
CONTRIBUTOR NAME		EMPLOYER NAME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
OCCUPATION			
DESCRIPTION OF IN-KIND CONTRIBUTION(S)			
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	\$
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$

SCHEDULE C
Loans Received in Excess of \$300 and All Currency Loans

LENDER NAME		EMPLOYER NAME	
LENDER ADDRESS		EMPLOYER ADDRESS	
OCCUPATION			
CO-SIGNER NAME		EMPLOYER NAME	
CO-SIGNER ADDRESS		EMPLOYER ADDRESS	
OCCUPATION			
DATE(S) RECEIVED		AGGREGATE AMOUNT	CHECK IF CURRENCY <input type="checkbox"/>
		\$	
LENDER NAME		EMPLOYER NAME	
LENDER ADDRESS		EMPLOYER ADDRESS	
OCCUPATION			
CO-SIGNER NAME		EMPLOYER NAME	
CO-SIGNER ADDRESS		EMPLOYER ADDRESS	
OCCUPATION			
DATE(S) RECEIVED		AGGREGATE AMOUNT	CHECK IF CURRENCY <input type="checkbox"/>
		\$	
TOTAL AMOUNT OF LOANS RECEIVED THIS REPORT PERIOD		\$	

ADJUSTMENT SCHEDULE
Refund of Excessive Contributions

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	REFUNDED AMOUNT
			\$
			(COMPLETE THIS LINE FOR EVERY PAGE USED)
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL \$ _____	

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
				\$	\$	\$
(COMPLETE THIS LINE FOR EVERY PAGE USED)				\$	\$	\$
(COMPLETE THIS LINE FOR LAST PAGE USED)				\$	\$	\$

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New Jersey Election Law Enforcement Commission

SCHEDULE 3(D) - DISBURSEMENTS
Contributions made to other Candidates/Committees

PAYMENT DATE	CHECK NO.	RECIPIENT CANDIDATE/COMMITTEE	ADDRESS	AMOUNT

\$ _____				
TOTAL, THIS PAGE				\$ _____
<p>COMPLETE THIS LINE FOR EVERY PAGE USED.</p> <p>COMPLETE THE FOLLOWING LINES FOR LAST PAGE USED.</p> <p>SCHEDULE 3(D) GRAND TOTAL</p> <p>ADD THE "PRO - RATA AMOUNT OTHERS" COLUMN FROM SCHEDULES 1(D) AND 2(D)</p> <p>GRAND TOTAL OF CONTRIBUTIONS MADE TO AND ON BEHALF OF CANDIDATES/COMMITTEES</p>				
				1. \$ _____
				2. \$ _____
				3. \$ _____

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SCHEDULE E
Outstanding Obligations

Date Incurred	Creditor's Name	Address	Description	Amount
				\$
				TOTAL OUTSTANDING OBLIGATIONS

SCHEDULE F
Refunded Disbursements

Date	Full Name	Address	Description	Amount
				\$
				SCHEDULE F TOTAL

SCHEDULE G
Recipients of In-Kind Contributions

NAME OF RECIPIENT CANDIDATE/COMMITTEE		
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMMITTEE		
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMMITTEE		
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMMITTEE		
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$
NAME OF RECIPIENT CANDIDATE/COMMITTEE		
MAILING ADDRESS		
OFFICE SOUGHT	ELECTION DISTRICT OR MUNICIPALITY	
CHECK NUMBER	PAYMENT DATE	AMOUNT \$

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.)	\$ 100 -
Funds Transferred from Prior Campaign	\$ 0
Deposits (Include interest)	\$ 1750.00
Disbursements (Include bank charges)	\$ 0
Closing Balance, this Report	\$ 1850.00
Severian Bank NAME OF BANK OR DEPOSITORY	Doherty for Mayor NAME OF ACCOUNT
2253 North Ave Scotch Plains NJ 07076 ADDRESS OF BANK OR DEPOSITORY	
Muirceen Doherty NAME OF TREASURER	9084900192 TELEPHONE NUMBER (DAY)
321 Cook Ave Scotch Plains NJ 07076 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.

5/20/10 DATE	Matthew Doherty PRINT FULL NAME (CANDIDATE)	[Signature] SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
5/25/10 DATE	Muirceen Doherty PRINT FULL NAME (TREASURER)	[Signature] SIGNATURE (TREASURER)
_____ DATE	_____ 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# 62139

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)