

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/>

- 29 - DAY PRE-ELECTION
 11 - DAY PRE-ELECTION
 20 - DAY POST-ELECTION
 Apr. 15, _____
 July 15, _____
 Oct. 15, _____
 Jan. 15, _____

CANDIDATE OR COMMITTEE NAME
Doherty for Mayor

STREET ADDRESS
112 Inlet Terr.

Amendment Yes No

CITY *Belmar* STATE *NJ* ZIP CODE *07719*

For State Use Only

COUNTY *Monmouth* ELECTION DISTRICT OR MUNICIPALITY *Belmar*

POLITICAL PARTY, IF ANY *Democrat* OFFICE SOUGHT *Mayor*

ELECTION DATE *11/2/10* ELECTION TYPE (CHECK ONE) PRIMARY MUNICIPAL GENERAL
 RUN-OFF SCHOOL 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	\$ 1425.00	\$ 2725.00
2. MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]	\$ 3600.00	\$ 5600.00
3. IN-KIND CONTRIBUTIONS OF \$300 OR LESS	\$ 0	\$ 0
4. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]	\$ 0	\$ 0
5. LOANS RECEIVED IN EXCESS OF \$300 AND ALL CURRENCY LOANS [Schedule C]	\$ 0	\$ 0
6. SUB TOTAL (ADD LINES 1 THRU 5)	\$ 5025.00	\$ 8325.00
7. REFUND OF EXCESSIVE CONTRIBUTIONS [Adjustment Schedule] (-)	\$ 0	\$ 0
8. TOTAL CONTRIBUTIONS	\$ 5025.00	\$ 8325.00
9. ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)	\$ 0	\$ 1720.00
10. TOTAL RECEIPTS (ADD LINE 8 + LINE 9)	\$ 5025.00	\$ 10,045.00

TABLE II. EXPENDITURES	THIS REPORT	CUMULATIVE TO DATE
1. DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]	\$ 214.34	\$ 2414.34
2. DISBURSEMENTS - OTHER [Schedule 2(D)]	\$ 28.00	\$ 228.00
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)	\$ 1742.34	\$ 4142.34
8. REFUNDED DISBURSEMENTS [Schedule F] (-)	\$ 0	\$ 0
9. TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)	\$ 1742.34	\$ 4142.34

SCHEDULE A

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

CONTRIBUTOR NAME <i>John Pagliarulo</i>			EMPLOYER NAME		
CONTRIBUTOR ADDRESS <i>95 Bennington Dr.</i>			EMPLOYER ADDRESS		
<i>East Windsor NJ 08520</i>					
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ <i>75.00</i>	DATE(S) RECEIVED <i>10/15/10</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>75.00</i>	
OCCUPATION					
CONTRIBUTOR NAME <i>Charles Gutch</i>			EMPLOYER NAME <i>NJ DOT/Turnpike</i>		
CONTRIBUTOR ADDRESS <i>27 Winthrop Pl.</i>			EMPLOYER ADDRESS <i>Trenton NJ</i>		
<i>Hazlet NJ 07730</i>					
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ <i>50</i>	DATE(S) RECEIVED <i>10/15/10</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>50.00</i>	
OCCUPATION					
CONTRIBUTOR NAME <i>Kathleen Conway</i>			EMPLOYER NAME		
CONTRIBUTOR ADDRESS <i>87 Bayberry Dr.</i>			EMPLOYER ADDRESS		
<i>Somerset NJ 08873</i>					
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ <i>200</i>	DATE(S) RECEIVED <i>10/15/10</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>200.00</i>	
OCCUPATION					
CONTRIBUTOR NAME <i>Kevin McCabe</i>			EMPLOYER NAME <i>NJ Carpenters</i>		
CONTRIBUTOR ADDRESS <i>17 Marina View Dr</i>			EMPLOYER ADDRESS		
<i>Sewaren NJ 07077</i>					
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ <i>100</i>	DATE(S) RECEIVED <i>10/15/10</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>100.00</i>	
OCCUPATION					
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	\$ <i>425.00</i>	
(COMPLETE THIS LINE FOR LAST PAGE USED)			GRAND TOTAL	\$	

SCHEDULE A

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

CONTRIBUTOR NAME James Carroll			EMPLOYER NAME Retired		
CONTRIBUTOR ADDRESS 60 Ford Ave			EMPLOYER ADDRESS		
Fords NJ 08863					
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 50.00	DATE(S) RECEIVED 10/15/10	AMOUNT(S) RECEIVED THIS PERIOD \$ 50.00	
OCCUPATION					
CONTRIBUTOR NAME James Sharrock			EMPLOYER NAME Hudson County Undersheriff		
CONTRIBUTOR ADDRESS 515 9th Ave			EMPLOYER ADDRESS		
Belmar NJ 07719					
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 50	DATE(S) RECEIVED 10/15/10	AMOUNT(S) RECEIVED THIS PERIOD \$ 50.00	
OCCUPATION					
CONTRIBUTOR NAME Edward Hunter			EMPLOYER NAME		
CONTRIBUTOR ADDRESS PO Box 1452			EMPLOYER ADDRESS		
Jackson NJ 08527					
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 50	DATE(S) RECEIVED 10/15/10	AMOUNT(S) RECEIVED THIS PERIOD \$ 50.00	
OCCUPATION					
CONTRIBUTOR NAME Richard Quirk			EMPLOYER NAME Jersey Police Department		
CONTRIBUTOR ADDRESS 63 Rugby Rd			EMPLOYER ADDRESS Jersey City NJ		
Ocean Grove NJ 07009					
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 100	DATE(S) RECEIVED 10/15/10	AMOUNT(S) RECEIVED THIS PERIOD \$ 100.00	
OCCUPATION					
CONTRIBUTOR NAME Gregory Lyden			EMPLOYER NAME		
CONTRIBUTOR ADDRESS 514 9th Ave			EMPLOYER ADDRESS		
Belmar NJ 07719					
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 100	DATE(S) RECEIVED 10/15/10	AMOUNT(S) RECEIVED THIS PERIOD \$ 100.00	
OCCUPATION					
(COMPLETE THIS LINE FOR EVERY PAGE USED)			TOTAL, THIS PAGE	\$ 350.00	
(COMPLETE THIS LINE FOR LAST PAGE USED)			GRAND TOTAL	\$	

SCHEDULE A

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

CONTRIBUTOR NAME Raymond Pocono			EMPLOYER NAME VP Laborers International		
CONTRIBUTOR ADDRESS 4 Allora Ct. Lawrenceville NJ 08648			EMPLOYER ADDRESS		
<input type="checkbox"/> CHECK IF CURRENCY AGGREGATE AMOUNT \$ 1000.00			DATE(S) RECEIVED 10/13/10	AMOUNT(S) RECEIVED THIS PERIOD \$ 1,000.00	
OCCUPATION					
CONTRIBUTOR NAME Brian Tarrant			EMPLOYER NAME retired		
CONTRIBUTOR ADDRESS 704 20th Ave Lake Como NJ 07719			EMPLOYER ADDRESS		
<input type="checkbox"/> CHECK IF CURRENCY AGGREGATE AMOUNT \$ 300.00			DATE(S) RECEIVED 10/13/10	AMOUNT(S) RECEIVED THIS PERIOD \$ 300.00	
OCCUPATION					
CONTRIBUTOR NAME Wil Jim LLC			EMPLOYER NAME		
CONTRIBUTOR ADDRESS PO Box 353 Ocean Grove, NJ 07756			EMPLOYER ADDRESS		
<input type="checkbox"/> CHECK IF CURRENCY AGGREGATE AMOUNT \$ 100.00			DATE(S) RECEIVED 10/13/10	AMOUNT(S) RECEIVED THIS PERIOD \$ 100.00	
OCCUPATION					
CONTRIBUTOR NAME Ferreira Construction			EMPLOYER NAME		
CONTRIBUTOR ADDRESS 31 Tannery Rd. Branchburg NJ 08876			EMPLOYER ADDRESS		
<input type="checkbox"/> CHECK IF CURRENCY AGGREGATE AMOUNT \$ 2,600			DATE(S) RECEIVED 10/13/10	AMOUNT(S) RECEIVED THIS PERIOD \$ 2,600.00	
OCCUPATION					
CONTRIBUTOR NAME Michael Alexander			EMPLOYER NAME NJ TRK - NJ Turnpike		
CONTRIBUTOR ADDRESS 20 A. Maple Ln Briell NJ 08730			EMPLOYER ADDRESS Woodbridge NJ		
<input type="checkbox"/> CHECK IF CURRENCY AGGREGATE AMOUNT \$ 50.00			DATE(S) RECEIVED 10/15/10	AMOUNT(S) RECEIVED THIS PERIOD \$ 50.00	
OCCUPATION					
(COMPLETE THIS LINE FOR EVERY PAGE USED)			TOTAL, THIS PAGE	\$ 4050	
(COMPLETE THIS LINE FOR LAST PAGE USED)			GRAND TOTAL	\$	

SCHEDULE A

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

CONTRIBUTOR NAME <i>James Smith</i>			EMPLOYER NAME <i>retired</i>	
CONTRIBUTOR ADDRESS <i>334 Danielle Dr.</i>			EMPLOYER ADDRESS	
<i>Ocean NJ 07712</i>				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ <i>100</i>	DATE(S) RECEIVED <i>10/15/10</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>100.00</i>
OCCUPATION				
CONTRIBUTOR NAME <i>Thomas Moore</i>			EMPLOYER NAME <i>retired</i>	
CONTRIBUTOR ADDRESS <i>7326 State Rd 19</i>			EMPLOYER ADDRESS	
<i>Mount Gilead OH 43338</i>				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ <i>100</i>	DATE(S) RECEIVED <i>10/15/10</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>100.00</i>
OCCUPATION				
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				
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				
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	\$ <i>200.00</i>
(COMPLETE THIS LINE FOR LAST PAGE USED)			GRAND TOTAL	\$ <i>5025.00</i>

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		AMOUNT(S) RECEIVED THIS PERIOD	
		\$	
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		AMOUNT(S) RECEIVED THIS PERIOD	
		\$	
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)		TOTAL, THIS PAGE	\$
(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
10/18/10	Debit	Connelly station Main St. Belmar	meal expenses	\$ 38.34	\$ 38.34	\$ 0
10/18/10	Debit	Belmar Post Office Belmar NJ 07719	postage for mailings	176.00	176.00	
(COMPLETE THIS LINE FOR EVERY PAGE USED)			TOTAL, THIS PAGE	\$	\$ 214.34	\$
(COMPLETE THIS LINE FOR LAST PAGE USED)			GRAND TOTAL	\$	\$ 214.34	\$

SCHEDULE 2(D) - DISBURSEMENTS

Other

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	PURPOSE	FULL AMOUNT	PRO-RATA AMOUNT THIS REPORTING ENTITY	PRO-RATA AMOUNT OTHERS
10/18/10	Auto	Belmar Arts Council 608 River Rd. Belmar NJ 07719	donation	\$ 28.00	\$ 28.00	\$
TOTAL, THIS PAGE				\$	\$ 1528.00	\$
(COMPLETE THIS LINE FOR LAST PAGE USED)				GRAND TOTAL	\$ 1528.00	\$

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

PAYMENT DATE	CHECK NO.	RECIPIENT CANDIDATE/COMMITTEE	ADDRESS	AMOUNT
10/19/10	auto	Belmer Democrats	1320 State Rt 71 Unit 107 Belmer NJ 07019	\$ 8,500.00
(COMPLETE THIS LINE FOR EVERY PAGE USED)				TOTAL, THIS PAGE
COMPLETE THE FOLLOWING LINES FOR LAST PAGE USED:				
SCHEDULE 3(D) GRAND TOTAL				1. \$ 1500.00
ADD THE "PRO - RATA AMOUNT OTHERS" COLUMN FROM SCHEDULES 1(D) AND 2(D)				2. \$ 0
GRAND TOTAL OF CONTRIBUTIONS MADE TO AND ON BEHALF OF CANDIDATES/COMMITTEES				3. \$ 1500.00

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				\$

				\$
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.)	\$ <u>2620</u>
Funds Transferred from Prior Campaign	\$ <u>Ø</u>
Deposits (Include interest)	\$ <u>5025.00</u>
Disbursements (Include bank charges)	\$ <u>1742.34</u>
Closing Balance, this Report	\$ <u>5902.66</u>
<u>Sovereign Bank</u> NAME OF BANK OR DEPOSITORY	<u>Doherty for Mayor</u> NAME OF ACCOUNT
<u>22 53 North Ave Scotch Plains NJ</u> ADDRESS OF BANK OR DEPOSITORY	
<u>Maureen Doherty</u> NAME OF TREASURER	<u>908-490-0192</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>10/20/10</u> DATE	<u>Matthew J. Doherty</u> PRINT FULL NAME (CANDIDATE)	 SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
<u>10/20/10</u> DATE	<u>Maureen 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# _____

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.

<u> </u> DATE	<u> </u> PRINT FULL NAME (CANDIDATE)	<u> </u> SIGNATURE (CANDIDATE)
<u> </u> DATE	<u> </u> PRINT FULL NAME (CANDIDATE)	<u> </u> SIGNATURE (CANDIDATE)
<u> </u> DATE	<u> </u> PRINT FULL NAME (CANDIDATE)	<u> </u> SIGNATURE (CANDIDATE)
<u> </u> DATE	<u> </u> PRINT FULL NAME (TREASURER)	<u> </u> SIGNATURE (TREASURER)