

SCHEDULE A

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

CONTRIBUTOR NAME <i>Belmas Democratic Committee</i>			EMPLOYER NAME <i>N/A</i>	
CONTRIBUTOR ADDRESS <i>1320 State Rd 71, Unit 107</i>			EMPLOYER ADDRESS <i>N/A</i>	
<i>Belmas, NJ 07719</i>				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ <i>500.00</i>	DATE(S) RECEIVED <i>9/15/10</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>500.00</i>
OCCUPATION <i>N/A</i>				
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				
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	\$ _____
(COMPLETE THIS LINE FOR LAST PAGE USED)			GRAND TOTAL	\$ _____

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)			
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		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
9/27/10	89	Borough of Belmar, NJ - 601 Tain St., Belmar, NJ, 07719	Permit for campaign event	\$ 80.00	\$ 80.00	\$ 0
(COMPLETE THIS LINE FOR EVERY PAGE USED)				TOTAL, THIS PAGE	\$ 80.00	\$ 0
(COMPLETE THIS LINE FOR LAST PAGE USED)				GRAND TOTAL	\$ 80.00	\$ 0

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

PAYMENT DATE	CHECK NO.	RECIPIENT CANDIDATE/COMMITTEE	ADDRESS	AMOUNT
				\$
(COMPLETE THIS LINE FOR EVERY PAGE USED)				\$
TOTAL, THIS PAGE				
COMPLETE THE FOLLOWING LINES FOR LAST PAGE USED:				
SCHEDULE 3(D) GRAND TOTAL				1. \$
ADD THE "PRO - RATA AMOUNT OTHERS" COLUMN FROM SCHEDULES 1(D) AND 2(D)				2. \$
GRAND TOTAL OF CONTRIBUTIONS MADE TO AND ON BEHALF OF CANDIDATES/COMMITTEES				3. \$

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.) \$ 0

Funds Transferred from Prior Campaign \$ 0

Deposits (Include interest) \$ 1,375

Disbursements (Include bank charges) \$ 80

Closing Balance, this Report \$ 1,295

Central Jersey Bank Belmar Democrats 2010
NAME OF BANK OR DEPOSITORY NAME OF ACCOUNT

811 Main St, Belmar, NJ, 07719
ADDRESS OF BANK OR DEPOSITORY

Conor Egan 732-492-6506
NAME OF TREASURER *TELEPHONE NUMBER (DAY)

1000 River Rd, 8L Belmar, NJ 07719
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>10/3/10</u> DATE	<u>Matthew Doherty</u> PRINT FULL NAME (CANDIDATE)	<u><i>Matthew Doherty</i></u> SIGNATURE (CANDIDATE)
<u>10/3/10</u> DATE	<u>Claire Deicke</u> PRINT FULL NAME (CANDIDATE)	<u><i>Claire Deicke</i></u> SIGNATURE (CANDIDATE)
<u>10/3/10</u> DATE	<u>Brian Magovern</u> PRINT FULL NAME (CANDIDATE)	<u><i>Brian Magovern</i></u> SIGNATURE (CANDIDATE)
_____ 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# _____

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)

Belmar Democrats 2010

29-Day Pre-Election Report: October 4th, 2010

Details of Contributions

Last Name / Organization Name	First Name	Address	City	State	ZIP	Date of Contribution	Contribution Amount	Occupation	Employer
Belmar Democratic Committee	-	1320 State Road 71, Unit 107	Belmar	NJ	07719	9/15/2010	\$500	N/A	N/A
Koown-Blackburn	Janis	106 River Ct.	Belmar	NJ	07719	9/24/2010	\$50	Pilot	Spirit Airlines
Nicolay	Bart	316 4th Ave	Belmar	NJ	07719	9/24/2010	\$50	Sales	Advanced Micro Strategies
Nicolay	Jennifer	316 4th Ave	Belmar	NJ	07719	9/24/2010	\$50	Not Disclosed	Not Disclosed
Young	Dolores	1702 A Street	Belmar	NJ	07729	9/24/2010	\$25	Not Disclosed	Not Disclosed
Cory	Gene	1201 L St	Belmar	NJ	07719	9/27/2010	\$25	Retired	N/A
Cory	Nan	1201 L St	Belmar	NJ	07719	9/27/2010	\$25	Retired	N/A
Manutti	Jack	603 E Street	Belmar	NJ	07719	9/29/2010	\$100	Retired	N/A
Lynch	Mary	411 9th Ave	Belmar	NJ	07719	9/29/2010	\$25	Bookkeeper	Pringle Quinn
Lynch	Brian	411 9th Ave	Belmar	NJ	07719	9/29/2010	\$25	Not Disclosed	Not Disclosed
Mangan	Michael	115-3 Curtis Ave	Manasquan	NJ	08736	9/30/2010	\$200	Consultant	MWM Cmmunications
The Inn at the Shore	-	301 Fourth Ave	Belmar	NJ	07719	9/30/2010	\$100	N/A	N/A
Papi	Amy	47 Patton Drive	East Brunswick	NJ	08816	9/30/2010	\$50	Consultant	Not Disclosed
Downey	William	72 Wilson Ave	Neptune City	NJ	07753	9/30/2010	\$25	Police Officer	City of Bayonne
Furey	Mark	601 8th Ave	Belmar	NJ	07719	9/30/2010	\$12.50	Not Disclosed	Not Disclosed
Furey	Mary Ann	601 8th Ave	Belmar	NJ	07719	9/30/2010	\$12.50	Not Disclosed	Not Disclosed
Egan	William	30 Garfield Ave	Avon	NJ	07717	10/2/2010	\$100	Financial Advisor	MetLife
Total:							\$1,375		