

<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>		Amendment Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>CANDIDATE OR COMMITTEE NAME</b> Robert for Mayor			
<b>STREET ADDRESS</b> 112 Inlet Terrace		<b>For State Use Only</b>	
<b>CITY</b> Belmar	<b>STATE</b> NJ		<b>ZIP CODE</b> 07719
<b>COUNTY</b> Monmouth	<b>ELECTION DISTRICT OR MUNICIPALITY</b> Belmar		
<b>POLITICAL PARTY, IF ANY</b> Democrat			<b>OFFICE SOUGHT</b> Mayor

<b>ELECTION DATE</b> 11/2/10	<b>ELECTION TYPE (CHECK ONE)</b>	<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
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**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	\$ 1300	\$ 1300
2. MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]	\$ 2000	\$ 2000
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)	\$ 3300	\$ 3300
7. REFUND OF EXCESSIVE CONTRIBUTIONS [Adjustment Schedule] (-)	\$ 0	\$ 0
8. TOTAL CONTRIBUTIONS	\$ 3300	\$ 3300
9. ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)	\$ 1720	\$ 1720
10. TOTAL RECEIPTS (ADD LINE 8 + LINE 9)	\$ 5020	\$ 5020

TABLE II. EXPENDITURES	THIS REPORT	CUMULATIVE TO DATE
1. DISBURSEMENTS - CAMPAIGN EXPENSES [Schedule 1(D)]	\$ 2200	\$ 2200
2. DISBURSEMENTS - OTHER [Schedule 2(D)]	\$ 200	\$ 200
3. DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]	\$ 0	\$ 0
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)	\$ 2400	\$ 2400
8. REFUNDED DISBURSEMENTS [Schedule F] (-)	\$ 0	\$ 0
9. TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)	\$ 2400	\$ 2400

**SCHEDULE A**  
**Monetary Contributions In Excess of \$300 and All Currency Contributions**

CONTRIBUTOR NAME David Johnson		EMPLOYER NAME Laborers Eastern Organizing Fund	
CONTRIBUTOR ADDRESS 31 Raleigh Rd		EMPLOYER ADDRESS	
Kendall Park NJ 08824		Monroe NJ	
<input type="checkbox"/> CHECK IF CURRENCY	AGGREGATE AMOUNT \$ 100	DATE(S) RECEIVED 7/26/10	AMOUNT(S) RECEIVED THIS PERIOD \$ 100.00
OCCUPATION Administration			
CONTRIBUTOR NAME Margaret Bailey		EMPLOYER NAME n/a	
CONTRIBUTOR ADDRESS 2118 Florence Ave		EMPLOYER ADDRESS n/a	
Hazel NJ 07730			
<input type="checkbox"/> CHECK IF CURRENCY	AGGREGATE AMOUNT \$ 300	DATE(S) RECEIVED 7/26/10	AMOUNT(S) RECEIVED THIS PERIOD \$ 300.00
OCCUPATION retired			
CONTRIBUTOR NAME Victor Scudiero		EMPLOYER NAME Scudiero Enterprises	
CONTRIBUTOR ADDRESS 15 Mountain Street		EMPLOYER ADDRESS State Highway 36	
Highlands NJ 07732		Hazel NJ	
<input type="checkbox"/> CHECK IF CURRENCY	AGGREGATE AMOUNT \$ 300.00	DATE(S) RECEIVED 7/26/10	AMOUNT(S) RECEIVED THIS PERIOD \$ 300.00
OCCUPATION owner			
CONTRIBUTOR NAME James Doherty		EMPLOYER NAME UMDNJ hospital	
CONTRIBUTOR ADDRESS 3 Myers Place		EMPLOYER ADDRESS	
Middlesex NJ 08846		New Brunswick NJ	
<input type="checkbox"/> CHECK IF CURRENCY	AGGREGATE AMOUNT \$ 1,000	DATE(S) RECEIVED 9/3/10	AMOUNT(S) RECEIVED THIS PERIOD \$ 1000
OCCUPATION nurse			
CONTRIBUTOR NAME Oona Adams		EMPLOYER NAME Laborers Eastern Organizing Fund	
CONTRIBUTOR ADDRESS 1617 10th Ave		EMPLOYER ADDRESS	
Brooklyn NY 11215		Monroe NJ	
<input type="checkbox"/> CHECK IF CURRENCY	AGGREGATE AMOUNT \$ 100	DATE(S) RECEIVED 9/3/10	AMOUNT(S) RECEIVED THIS PERIOD \$ 100
OCCUPATION administration			
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	\$ 1800 <sup>00</sup>
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$

**SCHEDULE A**

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

CONTRIBUTOR NAME <i>Rosalie Doherty</i>		EMPLOYER NAME <i>n/a</i>		
CONTRIBUTOR ADDRESS <i>67 Mac Arthur Dr. Edison NJ</i>		EMPLOYER ADDRESS <i>n/a</i>		
<input type="checkbox"/> CHECK IF CURRENCY OCCUPATION <i>retired</i>		AGGREGATE AMOUNT \$ <i>500</i>	DATE(S) RECEIVED <i>9/15/10</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>500.00</i>
CONTRIBUTOR NAME		EMPLOYER NAME		
CONTRIBUTOR ADDRESS <i>Robert Bonsignore PO Box 267 Fords NJ 08863</i>		EMPLOYER ADDRESS <i>Trenton NJ</i>		
<input type="checkbox"/> CHECK IF CURRENCY OCCUPATION <i>Inspector</i>		AGGREGATE AMOUNT \$ <i>250</i>	DATE(S) RECEIVED <i>9/15/10</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <del>250.00</del> <i>250.00</i>
CONTRIBUTOR NAME <i>Launa Moran</i>		EMPLOYER NAME <i>n/a</i>		
CONTRIBUTOR ADDRESS <i>29 Gabriels Path Poughquag NY 12570</i>		EMPLOYER ADDRESS <i>n/a</i>		
<input type="checkbox"/> CHECK IF CURRENCY OCCUPATION <i>homemaker</i>		AGGREGATE AMOUNT \$ <i>250</i>	DATE(S) RECEIVED <i>9/15/10</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>250.00</i>
CONTRIBUTOR NAME <i>Patricia McGuire</i>		EMPLOYER NAME <i>Wineford Public Affairs</i>		
CONTRIBUTOR ADDRESS <i>36 Londonderry Way Summit NJ 07901</i>		EMPLOYER ADDRESS <i>100 West State St. Trenton NJ 08608</i>		
<input type="checkbox"/> CHECK IF CURRENCY OCCUPATION <i>Lobbyist</i>		AGGREGATE AMOUNT \$ <i>500</i>	DATE(S) RECEIVED <i>9/20/10</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>500.00</i>
CONTRIBUTOR NAME		EMPLOYER NAME		
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS		
<input type="checkbox"/> CHECK IF CURRENCY OCCUPATION		AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD \$
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	\$ <i>1500.00</i>	
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$ <i>3300.00</i>	

**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)			
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>		<b>TOTAL, THIS PAGE</b>	<b>\$</b>
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>		<b>GRAND TOTAL</b>	<b>\$</b>

**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
			\$
<b>(COMPLETE THIS LINE FOR EVERY PAGE USED)</b>		<b>TOTAL, THIS PAGE</b>	\$
<b>(COMPLETE THIS LINE FOR LAST PAGE USED)</b>		<b>GRAND TOTAL</b>	\$

**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
7/26/10	Debit	ACN Graphics PO Box 1598 Wendell NC 27719	balance on printings	\$ 1200	\$ 1200	\$
7/27/10	1003	ACN Graphics PO Box 1598 Wendell NC 27719	marker/printing	1000	1000	\$
(COMPLETE THIS LINE FOR EVERY PAGE USED)				TOTAL, THIS PAGE	\$ 2200	\$
(COMPLETE THIS LINE FOR LAST PAGE USED)				GRAND TOTAL	\$ 2200	\$

**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
8/27/10	1006	Camp Happy Times 2101 Milburn Ave Maplewood NJ 07040	donation	\$ 50.-	\$ 50.-	\$
9/23/10	<del>1007</del> 1007	Monmouth County Democrats 1340 State Highway 36 Switzers HAZLET NJ 07730	gala ad	150.	150.-	
TOTAL, THIS PAGE				\$ 200	\$ 200	\$
(COMPLETE THIS LINE FOR EVERY PAGE USED)						
GRAND TOTAL				\$ 200	\$ 200	\$
(COMPLETE THIS LINE FOR LAST PAGE USED)						

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

PAYMENT DATE	CHECK NO.	RECIPIENT CANDIDATE/COMMITTEE	ADDRESS	AMOUNT
<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. \$
				\$
				\$

**SCHEDULE E**  
Outstanding Obligations

Date Incurred	Creditor's Name	Address	Description	Amount
				\$
<b>TOTAL OUTSTANDING OBLIGATIONS</b>				\$

**SCHEDULE F**  
Refunded Disbursements

Date	Full Name	Address	Description	Amount
				\$
<b>SCHEDULE F TOTAL</b>				\$

**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 \$ 1720

Deposits (include interest) \$ 3300.00

Disbursements (include bank charges) \$ 2400.00

Closing Balance, this Report \$ 2620

Sovereign Bank Doherty for Mayor  
NAME OF BANK OR DEPOSITORY NAME OF ACCOUNT

2253 North Ave Scotch Plains NJ 07074  
ADDRESS OF BANK OR DEPOSITORY

Maureen Doherty 9084900192  
NAME OF TREASURER 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.

<u>10/1/10</u> <small>DATE</small>	<u>Matthew J. Doherty</u> <small>PRINT FULL NAME (CANDIDATE)</small>	<u><i>Matthew J. Doherty</i></u> <small>SIGNATURE (CANDIDATE)</small>
_____ <small>DATE</small>	_____ <small>PRINT FULL NAME (CANDIDATE)</small>	_____ <small>SIGNATURE (CANDIDATE)</small>
<u>10/1/10</u> <small>DATE</small>	<u>Maureen Doherty</u> <small>PRINT FULL NAME (TREASURER)</small>	<u><i>Maureen Doherty</i></u> <small>SIGNATURE (TREASURER)</small>

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.

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