

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 type="checkbox"/> 29 - DAY PRE-ELECTION <input type="checkbox"/> 11 - DAY PRE-ELECTION <input checked="" 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 <i>Doherty for Mayor</i>		Amendment Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
STREET ADDRESS <i>112 Inlet Terrace</i>			
CITY <i>Belmar</i>	STATE <i>NJ</i>	ZIP CODE <i>07719</i>	For State Use Only
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>11/2/10</i>	ELECTION TYPE (CHECK ONE)	<input type="checkbox"/> PRIMARY <input type="checkbox"/> RUN-OFF <input type="checkbox"/> MUNICIPAL SCHOOL <input checked="" 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>375</i>	\$ <i>3100.00</i>	
2. MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]	\$ <i>0</i>	\$ <i>5600.00</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>	
6. SUB TOTAL (ADD LINES 1 THRU 5)	\$ <i>375.00</i>	\$ <i>8700.00</i>	
7. REFUND OF EXCESSIVE CONTRIBUTIONS [Adjustment Schedule] (-)	\$ <i>0</i>	\$ <i>0</i>	
8. TOTAL CONTRIBUTIONS	\$ <i>375.00</i>	\$ <i>8700.00</i>	
9. ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)	\$ <i>0</i>	\$ <i>1720.00</i>	
10. TOTAL RECEIPTS (ADD LINE 8 + LINE 9)	\$ <i>375.00</i>	\$ <i>10,420.00</i>	
TABLE II. EXPENDITURES			
1. DISBURSEMENTS -CAMPAIGN EXPENSES [Schedule 1(D)]	\$ <i>3926.38</i>	\$ <i>6340.72</i>	
2. DISBURSEMENTS - OTHER [Schedule 2(D)]	\$ <i>92.15</i>	\$ <i>320.15</i>	
3. DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]	\$ <i>2250.00</i>	\$ <i>3750.00</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>6268.53</i>	\$ <i>10,410.87</i>	
8. REFUNDED DISBURSEMENTS [Schedule F] (-)	\$ <i>0</i>	\$ <i>0</i>	
9. TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)	\$ <i>6268.53</i>	\$ <i>10,410.87</i>	

SCHEDULE A

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

CONTRIBUTOR NAME <i>Fred Allan</i>			EMPLOYER NAME <i>retired</i>	
CONTRIBUTOR ADDRESS <i>404 12th Ave</i>			EMPLOYER ADDRESS <i>retired</i>	
<i>Belmar NJ 07719</i>				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
OCCUPATION <i>retired</i>			<i>10/27/10</i>	\$ <i>200.00</i>
CONTRIBUTOR NAME <i>Loretta Keller</i>			EMPLOYER NAME <i>n/a</i>	
CONTRIBUTOR ADDRESS <i>710 8th Ave Apt 3A</i>			EMPLOYER ADDRESS <i>NA</i>	
<i>Belmar NJ 07714</i>				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
OCCUPATION <i>retired</i>			<i>11/9/10</i>	\$ <i>100.00</i>
CONTRIBUTOR NAME <i>Brian Christman</i>			EMPLOYER NAME	
CONTRIBUTOR ADDRESS <i>321 Cook Ave</i>			EMPLOYER ADDRESS	
<i>Scotch Plains NJ</i>				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
OCCUPATION			<i>11/10/10</i>	\$ <i>75.00</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				\$
(COMPLETE THIS LINE FOR EVERY PAGE USED)			TOTAL, THIS PAGE	\$ <i>375</i>
(COMPLETE THIS LINE FOR LAST PAGE USED)			GRAND TOTAL	\$ <i>375</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)			
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
10/26/10	debit	Kintech - 2400 Belmar Blvd Wall NJ 07719	printings of mailers and postcards	\$ 567.91	\$ 567.91	\$ 0
10/27/10	debit	Kintech	mailers and postcards	667.91	667.91	
10/26/10	debit	ACU Graphics PO Box 1598 Wall NJ 07719	signs	882.75	882.75	
10/25/10	debit	Staples - Wall NJ	office supplies	243.90	243.90	
10/25/10	debit	Postmaster - Belmar NJ	postcards	35.00	35.00	
11/1/10	debit	..	postcards	10.08	10.08	
(COMPLETE THIS LINE FOR EVERY PAGE USED)				TOTAL, THIS PAGE	\$ 2407.55	\$
(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
10/25/10	debit	Connellly station 715 main st. Belmar NJ 07719	meal expense	\$ 36.85	\$	\$
10/25/10	debit	"	meal expense	32.57		
11/3/10	debit	"	meal expense	57.89		
11/4/10	debit	"	election night event - food & drink	1,187.25		
11/8/10	debit	"	meal expense	65.57		
11/8/10	debit	"	meal expense	23.27		
11/12/10	debit	"	meal expense	24.31		
(COMPLETE THIS LINE FOR EVERY PAGE USED)				TOTAL, THIS PAGE	\$	\$
(COMPLETE THIS LINE FOR LAST PAGE USED)				GRAND TOTAL	\$ 1,427.51	\$

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
11/8/10	debit	Tolipano's 1002 Main St. Belmar, NJ 07719	meal expense	\$ 31.03	\$	\$
11/9/10	debit	Old Man Rafferty's Coolman Ave Asbury Park NJ	meal expense	31.31		
11/15/10	debit	Baathouse 1309 Main St. Belmar NJ 07719	meal expense	28.98		
(COMPLETE THIS LINE FOR EVERY PAGE USED)				TOTAL, THIS PAGE	\$ 91.32	\$
(COMPLETE THIS LINE FOR LAST PAGE USED)				GRAND TOTAL	\$ 3926.38	\$

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
11/11/10	Debit	Jean Louise 1805 3rd St. Springs Lake NS 07762	gift for donor	\$ 22.15	\$ 22.15	\$ 0
11/21/10	debit	PeHy cash - election day pizza, coffees	PeHy cash	70.00	70.00	.
(COMPLETE THIS LINE FOR EVERY PAGE USED)				TOTAL, THIS PAGE	\$ 92.15	\$
(COMPLETE THIS LINE FOR LAST PAGE USED)				GRAND TOTAL	\$ 92.15	\$

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

PAYMENT DATE	CHECK NO.	RECIPIENT CANDIDATE/COMMITTEE	ADDRESS	AMOUNT
11/11/10	Auto	Belmar Democrats Comm. Hec	Main St Belmar NJ 07714	\$ 500.00
11/10/10	1010	" "	" "	\$ 550.00
11/4/10		Belmar Democrats 2010	" "	2000.00
11/11/10	Auto		Main St. Belmar NJ 07719	\$1000.00
(COMPLETE THIS LINE FOR EVERY PAGE USED)				TOTAL THIS PAGE
COMPLETE THE FOLLOWING LINES FOR LAST PAGE USED:				
SCHEDULE 3(D) GRAND TOTAL				1. \$
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. \$ 2250

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.)	\$ <u>5902.66</u>
Funds Transferred from Prior Campaign	\$ <u>0</u>
Deposits (Include interest)	\$ <u>375.00</u>
Disbursements (Include bank charges)	\$ <u>6268.53</u>
Closing Balance, this Report	\$ <u>9.13</u>
<u>Sovereign Bank</u> NAME OF BANK OR DEPOSITORY	<u>Doherty for Mayor</u> NAME OF ACCOUNT
<u>2253 North Ave Scotch Plains NJ</u> ADDRESS OF BANK OR DEPOSITORY	
<u>Maureen Doherty</u> NAME OF TREASURER	<u>908-496-0192</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>11/19/10</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>11/19/10</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.

_____ 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)