

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 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, _____	
CANDIDATE OR COMMITTEE NAME Matt Doherty for Council				Amendment Yes <input type="checkbox"/> No <input type="checkbox"/>	
STREET ADDRESS 112 Inlet Terrace				For State Use Only	
CITY Belmar	STATE NJ	ZIP CODE 07719			
COUNTY Monmouth	ELECTION DISTRICT OR MUNICIPALITY Belmar				
POLITICAL PARTY, IF ANY democrat	OFFICE SOUGHT Council				
ELECTION DATE 6/2/09	ELECTION TYPE (CHECK ONE)		<input checked="" type="checkbox"/> PRIMARY <input type="checkbox"/> RUN-OFF	<input type="checkbox"/> MUNICIPAL <input type="checkbox"/> SCHOOL	<input type="checkbox"/> GENERAL <input type="checkbox"/> 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		\$ 1050.00		\$ 1050.00	
2. MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]		\$ 652.47		\$ 652.47	
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)		\$ 2302.47		\$ 2302.47	
7. REFUND OF EXCESSIVE CONTRIBUTIONS [Adjustment Schedule] (-)		\$ 0		\$ 0	
8. TOTAL CONTRIBUTIONS		\$ 0		\$ 0	
9. ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)		\$ 0		\$ 0	
10. TOTAL RECEIPTS (ADD LINE 8 + LINE 9)		\$ 2302.47		\$ 2302.47	
TABLE II. EXPENDITURES					
1. DISBURSEMENTS -CAMPAIGN EXPENSES [Schedule 1(D)]		\$ 1412.39		\$ 1412.39	
2. DISBURSEMENTS - OTHER [Schedule 2(D)]		\$ 38.52		\$ 38.52	
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)		\$ 1450.89		\$ 1450.89	
8. REFUNDED DISBURSEMENTS [Schedule F] (-)		\$ 0		\$ 0	
9. TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)		\$ 1450.89		\$ 1450.89	

SCHEDULE A

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

CONTRIBUTOR NAME <i>Maureen Doherty</i>		EMPLOYER NAME <i>SELF</i>	
CONTRIBUTOR ADDRESS <i>321 Cook Ave</i>		EMPLOYER ADDRESS	
<i>Scotch Plains NJ 07076</i>			
CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ <i>100.00</i>	DATE(S) RECEIVED <i>3/20/09</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>700.00</i>
OCCUPATION <i>Attorney</i>			
CONTRIBUTOR NAME <i>Election fund of Volker 2008</i>		EMPLOYER NAME	
CONTRIBUTOR ADDRESS <i>701 7th Ave</i>		EMPLOYER ADDRESS	
<i>Belmar NJ 07719</i>			
CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ <i>552.47</i>	DATE(S) RECEIVED <i>3/25/09</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>552.47</i>
OCCUPATION			
CONTRIBUTOR NAME <i>John Richard Doherty</i>		EMPLOYER NAME <i>n/a</i>	
CONTRIBUTOR ADDRESS <i>438 Orient Way</i>		EMPLOYER ADDRESS	
<i>Rutherford NJ 07070</i>			
CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ <i>200</i>	DATE(S) RECEIVED <i>3/25/09</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>200.00</i>
OCCUPATION <i>retired</i>			
CONTRIBUTOR NAME <i>William Christman</i>		EMPLOYER NAME <i>n/a</i>	
CONTRIBUTOR ADDRESS <i>141 Small Ave</i>		EMPLOYER ADDRESS	
<i>West Caldwell NJ 07007</i>			
CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ <i>100</i>	DATE(S) RECEIVED <i>3/25/09</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>100.00</i>
OCCUPATION <i>retired</i>			
CONTRIBUTOR NAME <i>Mary Reilly</i>		EMPLOYER NAME <i>Irish Center</i>	
CONTRIBUTOR ADDRESS <i>1000 River Rd</i>		EMPLOYER ADDRESS <i>Spring Lake NJ</i>	
<i>Belmar NJ 07719</i>			
CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ <i>100</i>	DATE(S) RECEIVED <i>3/25/09</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>100.00</i>
OCCUPATION <i>owner Irish Center</i>			
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	\$ <i>1052.47</i>
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$

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

CONTRIBUTOR NAME <i>Lester Kichen's</i>		EMPLOYER NAME <i>Burlington County</i>	
CONTRIBUTOR ADDRESS <i>515 Prospect Ave</i>		EMPLOYER ADDRESS <i>49 Ranocas Rd</i>	
<i>Neptune NJ 07753</i>		<i>Mount Holly NJ 08060</i>	
CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ <i>100.00</i>	DATE(S) RECEIVED <i>3/25/09</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>100.00</i>
OCCUPATION <i>Superintendent Burlington City</i>			
CONTRIBUTOR NAME <i>Rosalie Doherty</i>		EMPLOYER NAME <i>N/A</i>	
CONTRIBUTOR ADDRESS <i>107 Mac Arthur Dr.</i>		EMPLOYER ADDRESS	
<i>Edison NJ 08837</i>			
CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ <i>100</i>	DATE(S) RECEIVED <i>3/25/09</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>100.00</i>
OCCUPATION <i>retired</i>			
CONTRIBUTOR NAME <i>Timothy Mc Gee</i>		EMPLOYER NAME <i>NJ Natural Gas</i>	
CONTRIBUTOR ADDRESS <i>Point Pleasant NJ</i>		EMPLOYER ADDRESS <i>1415 Wylcoff Rd</i>	
<i>Wall NJ 07719</i>			
CHECK IF CURRENCY <input checked="" type="checkbox"/>	AGGREGATE AMOUNT \$ <i>100.00</i>	DATE(S) RECEIVED <i>3/25/09</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>100.00</i>
OCCUPATION			
CONTRIBUTOR NAME <i>Jill DePhillips</i>		EMPLOYER NAME <i>NJ Natural Gas</i>	
CONTRIBUTOR ADDRESS <i>319 9th Ave</i>		EMPLOYER ADDRESS <i>1415 Wylcoff Rd</i>	
<i>Belmar NJ 07719</i>		<i>Wall NJ 07719</i>	
CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ <i>200.00</i>	DATE(S) RECEIVED <i>3/30/09</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>200.00</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>500.00</i>
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$

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

CONTRIBUTOR NAME <i>Delores Young</i>			EMPLOYER NAME <i>N/A</i>		
CONTRIBUTOR ADDRESS <i>1902 A Street</i>			EMPLOYER ADDRESS		
<i>Belmar NJ 07719</i>					
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ <i>300</i>	DATE(S) RECEIVED <i>4/20/09</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>300.00</i>	
OCCUPATION <i>retired</i>					
CONTRIBUTOR NAME <i>William Young</i>			EMPLOYER NAME <i>NY/NJ Port Authority</i>		
CONTRIBUTOR ADDRESS <i>303 9th Ave</i>			EMPLOYER ADDRESS <i>225 Park Ave South</i>		
<i>Belmar NJ 07719</i>			<i>NY NY 10003</i>		
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ <i>200.00</i>	DATE(S) RECEIVED <i>4/20/09</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>200.00</i>	
OCCUPATION					
CONTRIBUTOR NAME <i>Clair Deicke</i>			EMPLOYER NAME <i>N/A</i>		
CONTRIBUTOR ADDRESS <i>14th Ave</i>			EMPLOYER ADDRESS		
<i>Belmar NJ</i>					
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED <i>4/23/09</i>	AMOUNT(S) RECEIVED THIS PERIOD \$ <i>250.00</i>	
OCCUPATION <i>retired</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>750.00</i>	
(COMPLETE THIS LINE FOR LAST PAGE USED)			GRAND TOTAL	\$ <i>2302.47</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
4/17/09	DEBIT	Kintech Inc 2400 Belmar Blvd PO Box 1226 Wall NJ 07719	direct mail piece - printing and postage	\$ 1412.37	\$ 1412.37	\$ 0
TOTAL, THIS PAGE				\$ 1412.37	\$ 1412.37	\$ 0
GRAND TOTAL				\$ 1412.37	\$ 1412.37	\$ 0
(COMPLETE THIS LINE FOR EVERY PAGE USED)						
(COMPLETE THIS LINE FOR LAST PAGE USED)						

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
4/12/2009	Debit	Confection Collection 6754 US Highway 9 Howell NJ 07731	Gift for donor	\$ 38.52	\$ 38.52	\$ 0
TOTAL, THIS PAGE				\$ 38.52	\$ 38.52	\$ 0
GRAND TOTAL				\$ 38.52	\$ 38.52	\$ 0

(COMPLETE THIS LINE FOR EVERY PAGE USED)

(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
 				
(COMPLETE THIS LINE FOR EVERY PAGE USED)				\$
COMPLETE THE FOLLOWING LINES FOR LAST PAGE USED:				
SCHEDULE 3(D) GRAND TOTAL				1. \$
ADD THE "PRO - BATA 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.)	\$ <u>0</u>
Funds Transferred from Prior Campaign	\$ <u>0</u>
Deposits (Include interest)	\$ <u>2302.47</u>
Disbursements (Include bank charges)	\$ <u>1450.89</u>
Closing Balance, this Report	\$ <u>851.58</u>
Bank of America NAME OF BANK OR DEPOSITORY	Matt Doherty for Council NAME OF ACCOUNT
PO Box 25118 Tampa FL 33622-5118 ADDRESS OF BANK OR DEPOSITORY	
Maureen Doherty 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>5/3/09</u> DATE	<u>Matthew J. Doherty</u> PRINT FULL NAME (CANDIDATE)	<u>[Signature]</u> SIGNATURE (CANDIDATE)
_____ DATE	_____ PRINT FULL NAME (CANDIDATE)	_____ SIGNATURE (CANDIDATE)
<u>5/3/09</u> DATE	<u>Maureen A. Doherty</u> PRINT FULL NAME (TREASURER)	<u>[Signature]</u> 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# 00139

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.		
<input type="checkbox"/> 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)

New Jersey Election Law Enforcement Commission

*Give this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 47:1A-1.1, an unlisted telephone number is not a public record and must not be provided on this form.

FORM R-1 Revised 12/2008