

FORM R-1		REPORT OF CONTRIBUTIONS AND EXPENDITURES		REPORT (CHECK ONE): <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, _____	
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/					
CANDIDATE OR COMMITTEE NAME <i>Matt Doherty for Council</i>					
STREET ADDRESS <i>112 Inlet Terrace</i>				Amendment Yes <input type="checkbox"/> No <input type="checkbox"/>	
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>Council</i>			
ELECTION DATE <i>11/3/09</i>		ELECTION TYPE (CHECK ONE)	<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

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>950.00</i>	\$ <i>2800.00</i>
2. MONETARY CONTRIBUTIONS IN EXCESS OF \$300 AND ALL CURRENCY CONTRIBUTIONS [Schedule A]	\$ <i>0</i>	\$ <i>652.47</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>	\$ <i>0</i>
6. SUB TOTAL (ADD LINES 1 THRU 5)	\$ <i>950.00</i>	\$ <i>3452.47</i>
7. REFUND OF EXCESSIVE CONTRIBUTIONS [Adjustment Schedule] (-)	\$ <i>0</i>	\$ <i>0</i>
8. TOTAL CONTRIBUTIONS	\$ <i>0</i>	\$ <i>0</i>
9. ADD FUNDS TRANSFERRED FROM PRIOR CAMPAIGN (+)	\$ <i>0</i>	\$ <i>0</i>
10. TOTAL RECEIPTS (ADD LINE 8 + LINE 9)	\$ <i>950.00</i>	\$ <i>3452.47</i>

TABLE II. EXPENDITURES	THIS REPORT	CUMULATIVE TO DATE
1. DISBURSEMENTS -CAMPAIGN EXPENSES [Schedule 1(D)]	\$ <i>873.57</i>	\$ <i>2285.94</i>
2. DISBURSEMENTS - OTHER [Schedule 2(D)]	\$ <i>0</i>	\$ <i>38.52</i>
3. DISBURSEMENTS - CONTRIBUTIONS MADE TO OTHER CANDIDATES/COMMITTEES [Schedule 3(D)]	\$ <i>0</i>	\$ <i>0</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>873.57</i>	\$ <i>2324.46</i>
8. REFUNDED DISBURSEMENTS [Schedule F] (-)	\$ <i>0</i>	\$ <i>0</i>
9. TOTAL EXPENDITURES (LINE 7 MINUS LINE 8)	\$ <i>873.57</i>	\$ <i>2324.46</i>

SCHEDULE A

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

CONTRIBUTOR NAME Janis Keown-Blackburn		EMPLOYER NAME Spirit Airlines		
CONTRIBUTOR ADDRESS 100 River Rd		EMPLOYER ADDRESS		
Belmar NJ 07719				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 200	DATE(S) RECEIVED 5/28/09	AMOUNT(S) RECEIVED THIS PERIOD \$ 200.00
OCCUPATION Airline pilot				
CONTRIBUTOR NAME Joanne Casey		EMPLOYER NAME		
CONTRIBUTOR ADDRESS 1000 River Rd Apt. 8-1		EMPLOYER ADDRESS		
Belmar NJ 07719				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$	DATE(S) RECEIVED 6/16/09	AMOUNT(S) RECEIVED THIS PERIOD \$ 100.00
OCCUPATION Retired				
CONTRIBUTOR NAME The Sandcastle Cottages Inc.		EMPLOYER NAME		
CONTRIBUTOR ADDRESS 211 Ninth Ave.		EMPLOYER ADDRESS		
Belmar NJ 07719				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 100.00	DATE(S) RECEIVED 6/16/09	AMOUNT(S) RECEIVED THIS PERIOD \$ 100.00
OCCUPATION				
CONTRIBUTOR NAME Samuel Kaye		EMPLOYER NAME		
CONTRIBUTOR ADDRESS 414 7th Ave		EMPLOYER ADDRESS		
Belmar NJ 07719				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 100.00	DATE(S) RECEIVED 6/16/09	AMOUNT(S) RECEIVED THIS PERIOD \$ 100.00
OCCUPATION retired				
CONTRIBUTOR NAME The Inn at the Shore B+B		EMPLOYER NAME		
CONTRIBUTOR ADDRESS 301 4th Ave		EMPLOYER ADDRESS		
Belmar NJ 07719				
	CHECK IF CURRENCY <input type="checkbox"/>	AGGREGATE AMOUNT \$ 200.00	DATE(S) RECEIVED 6/16/09	AMOUNT(S) RECEIVED THIS PERIOD \$ 200.00
OCCUPATION				
(COMPLETE THIS LINE FOR EVERY PAGE USED)		TOTAL, THIS PAGE	\$ 700.00	
(COMPLETE THIS LINE FOR LAST PAGE USED)		GRAND TOTAL	\$	

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

CONTRIBUTOR NAME <i>Chaire Deicke</i>			EMPLOYER NAME	
CONTRIBUTOR ADDRESS <i>1017 14th Ave</i>			EMPLOYER ADDRESS	
<i>Belmar NJ 07719</i>				
CHECK IF CURRENCY <input type="checkbox"/>		AGGREGATE AMOUNT \$ <i>250</i>	DATE(S) RECEIVED <i>6/16/09</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				
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>250</i>
(COMPLETE THIS LINE FOR LAST PAGE USED)			GRAND TOTAL	\$ <i>950.00</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)			
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
5/24/09	AUTO Debit Card	Ahern Blueprint 231 Parker Ave Manassquan NJ 08736	walk piece - printing	\$ 263.22	\$ 263.22	\$ 0
5/24/09	AUTO Debit Card	SD8 Main Restaurant SD8 Main St. Belmar NJ 07719	event	567.35	567.35	0
5/24/09	AUTO Debit Card	K & G Auto 594 Main St. Patterson NJ 07650	gas - Auto	43.00	43.00	0
(COMPLETE THIS LINE FOR EVERY PAGE USED)				TOTAL, THIS PAGE	\$ 873.57	\$ 0
(COMPLETE THIS LINE FOR LAST PAGE USED)				GRAND TOTAL	\$ 873.57	\$ 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.)	\$ <u>1051.58</u>
Funds Transferred from Prior Campaign	\$ <u>0</u>
Deposits (Include interest)	\$ <u>950.00</u>
Disbursements (Include bank charges)	\$ <u>873.57</u>
Closing Balance, this Report	\$ <u>1,128.01</u>
<u>Bank of America</u>	<u>Matt Doherty for Council</u>
<small>NAME OF BANK OR DEPOSITORY</small>	<small>NAME OF ACCOUNT</small>
<u>PO Box 25118 Tampa FL 33622-5118</u>	
<small>ADDRESS OF BANK OR DEPOSITORY</small>	
<u>Maureen Doherty</u>	<u>908 490 0192</u>
<small>NAME OF TREASURER</small>	<small>*TELEPHONE NUMBER (DAY)</small>
<u>321 Cook Ave Scotch Plains NJ 07076</u>	
<small>ADDRESS OF TREASURER</small>	

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>6/20/09</u> <small>DATE</small>	<u>Matthew J. Doherty</u> <small>PRINT FULL NAME (CANDIDATE)</small>	<u>Mat Goly</u> <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>
<u>6/20/09</u> <small>DATE</small>	<u>Maureen A. Doherty</u> <small>PRINT FULL NAME (TREASURER)</small>	<u>Maureen Doherty</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# 60189

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>