



RECEIPTS AND EXPENDITURES QUARTERLY REPORT

FORM R-3

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)
www.elec.state.nj.us

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ELEC RECEIVED

APR 13 2015

PLEASE TYPE OR PRINT

Committee Name or Approved Acronym BELMAR DEMOCRATIC COMMITTEE

Address (Number and Street) 1017 14th AVE

City, State, Zip Code BELMAR, NJ 07719

ELEC Identification Number H1307000311 Q 2015

Committee Type [X] CPC [] PPC [] LLC Check if [] Amendment [X] First Report Filed Report Quarter [X] Apr 15 [] Jul 15 [] Oct 15 [] Jan 15 Year 2015

Do not attempt to complete the "Depository Information" or the "Net Financial Summary" until the appropriate schedules have been completed

Table with 4 columns: Period Covered, From, Through, Column A, Column B. Rows include Cash on Hand, Monetary Receipts, Expenditures, and Subtotals.

Table with 3 columns: Item, Column A, Column B. Rows include Cash on Hand, Debt owed to Committee, and Total (Net Worth).

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.

DATE 4/8/15

PRINT NAME JANET GROSSHANDLER

SIGNATURE Janet Grosshandler

ADDRESS PO BOX 787 (701 OCEAN AVE, APT 1)

732-773-0097 (AREA CODE) DAY TELEPHONE NUMBER

BELMAR, NJ 07719

732-773-0097 (AREA CODE) EVENING TELEPHONE NUMBER

Do not attempt to complete Tables I and II until the appropriate schedules have been completed

TABLE I RECEIPTS		Column A	Column B
		This Report	Calendar Year-to-Date
Monetary Receipts			
1	Contributions, \$300 or less	0	0
2	Contributions, more than \$300 (Schedule A)	0	0
2a	Currency Contributions (Schedule A)	0	0
3	Total (Add lines 1, 2 and 2a)	0	0
4	Refund of Contributions (Adjustment Schedule) (-)	-	-
5	Subtotal (Subtract line 4 from line 3)	0	0
Other Receipts			
6	Reimbursements/Refunds (Schedule A)	0	0
7	Dividends/Interest (Schedule A)	0	0
8	Loans Received by Committee, \$300 or Less	0	0
9	Loans Received by Committee more than \$300 and all Currency Loans (Schedule B)	0	0
10	Total Monetary Receipts (Add lines 5 through 9)	0	0
11	In-kind Contributions, \$300 or less	0	0
12	In-kind Contributions, more than \$300 (Schedule A)	0	0
13	Gross Receipts (Add lines 10, 11 and 12)	0	0
TABLE II EXPENDITURES			
14	Operating Disbursement (Schedule C)	5419.75	5419.75
	Contributions (from the Committee) to		
15a	NJ gubernatorial Candidates/Committees (Schedule D)	0	0
15b	NJ Legislative Candidates/Committees (Schedule D)	0	0
15c	All other Candidates/Committees (Schedule D)	0	0
Expenditures Made on Behalf of			
16a	NJ gubernatorial Candidates/Committees (Schedule E)	0	0
16b	NJ Legislative Candidates/Committees (Schedule E)	0	0
16c	All other Candidates/Committees (Schedule E)	0	0
16d	Independent Expenditures (Schedule E)	0	0
17	Loan Payments (Schedule B)	0	0
18	Total Monetary Expenditures (Add lines 14 through 17)	5419.75	5419.75
19	In-kind contributions, \$300 or Less (Table I, Line 11)	0	0
20	In-kind contributions, more than \$300 (Table I, Line 12)	0	0
21	Gross Expenditures (Add lines 18 through 20)	5419.75	5419.75

DEPOSITORY SUMMARY - PLEASE TYPE OR PRINT PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED

Committee Name **BELMAK DEMOCRATIC COMMITTEE**

BANK ACCOUNT INFORMATION

1 Name of Bank **KEARNY FEDERAL SAVINGS** (Area Code) Telephone Number **732-280-5400**

Mailing Address **611 MAIN ST**

City, State, Zip Code **BELMAK, NJ 07719**

Account Name **MAIN BANK ACCOUNT**

Opening Balance this Period 6496.16	Deposits this Period 0	Disbursements this Period 5119.75	Closing Balance this Period 1076.35
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If the committee has more than one bank account within the same bank, the name(s) of the additional account(s) must be provided

Account Name

Opening Balance this Period	Deposits this Period	Disbursements this Period	Closing Balance this Period
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2 Name of Bank (Area Code) Telephone Number

Mailing Address

City, State, Zip Code

Account Name

Opening Balance this Period	Deposits this Period	Disbursements this Period	Closing Balance this Period
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If the committee has more than one bank account within the same bank, the name(s) of the additional account(s) must be provided.

Account Name

Opening Balance this Period	Deposits this Period	Disbursements this Period	Closing Balance this Period
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OTHER ASSETS

Other than the bank account(s) listed above, does this committee hold any of the following (please X)

<input type="checkbox"/> Investment Institution Money Market Account	<input type="checkbox"/> Bonds
<input type="checkbox"/> Certificate of Deposit (C D)	<input type="checkbox"/> Stocks
<input type="checkbox"/> Mutual Fund Account	<input type="checkbox"/> Real Property
<input type="checkbox"/> Other (please specify) _____	

For each item checked ("X") above (other than real property), please complete the following information. If real property is held, a Real Property Schedule must be filed as part of the Form R-3. Contact the Commission for a Real Property Schedule and instructions.

1 Name of Depository or Issuer (Area Code) Telephone Number

Mailing Address

City, State, Zip Code

Account Name

Type of Asset
 Money Market C D Mutual Fund Bonds Stocks Other (specify) _____

Value of Asset at Purchase if Applicable Date of Maturity, if Applicable

Opening Balance this Period	Deposits this Period	Disbursements this Period	Closing Balance this Period
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ITEMIZED RECEIPTS (Other than Loans)		SCHEDULE A		Page No.		of	
PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED							
Receipt Type (Use a separate "Schedule A" for each type and for each separate account)							
<input type="checkbox"/> Currency		<input type="checkbox"/> All other Monetary Contributions		<input type="checkbox"/> In-Kind Contributions-Expenditures Made by Others			
<input type="checkbox"/> Reimbursements/Refunds of Disbursements		<input type="checkbox"/> Dividends/Interest					
Committee Name BELMAR DEMOCRATIC COMMITTEE							
Account Name MAIN BANK ACCOUNT							
Contributor Name				Contributor Address (Number and Street)			
Occupation				City, State, Zip Code			
Employer Name				Date(s) Received this Period		Amount(s) Received this Period	
Employer Address							
City, State, Zip Code							
Receipt Description (If In-Kind)				Aggregate Year-to-Date			
Contributor Name				Contributor Address (Number and Street)			
Occupation				City, State, Zip Code			
Employer Name				Date(s) Received		Amount(s) Received	
Employer Address							
City, State, Zip Code							
Receipt Description (If In-Kind)				Aggregate Year-to-Date			
Contributor Name				Contributor Address (Number and Street)			
Occupation				City, State, Zip Code			
Employer Name				Date(s) Received		Amount(s) Received	
Employer Address							
City, State, Zip Code							
Receipt Description (If In-Kind)				Aggregate Year-to-Date			
Contributor Name				Contributor Address (Number and Street)			
Occupation				City, State, Zip Code			
Employer Name				Date(s) Received		Amount(s) Received	
Employer Address							
City, State, Zip Code							
Receipt Description (If In-Kind)				Aggregate Year-to-Date			
Contributor Name				Contributor Address (Number and Street)			
Occupation				City, State, Zip Code			
Employer Name				Date(s) Received		Amount(s) Received	
Employer Address							
City, State, Zip Code							
Receipt Description (If In-Kind)				Aggregate Year-to-Date			
Contributor Name				Contributor Address (Number and Street)			
Occupation				City, State, Zip Code			
Employer Name				Date(s) Received		Amount(s) Received	
Employer Address							
City, State, Zip Code							
Receipt Description (If In-Kind)				Aggregate Year-to-Date			
1. SUBTOTAL (Add all receipts listed on this page)							
2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type Carry forward to applicable line on Page 2, Column A)							

LOANS RECEIVED		SCHEDULE B		Page No		of 1	
PLEASE TYPE OR PRINT PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED Use a separate "SCHEDULE B" for each separate account							
Committee Name BELMAR DEMOCRATIC COMMITTEE							
Account Name MAIN BANK ACCOUNT							
Name and Address of Lender		Original Loan Amount	New Loan this Period	Total Amount of Loan Plus Interest	Outstanding Balance this Period		
		Payments this Period	Amount	Check No(s)	Date(s)		
Occupation		Terms	Date Incurred	Date Due	Annual Interest Rate		
Employer Name and Address (Number, Street, City, State and Zip Code)						Aggregate Year-to-Date	
1 Name and Address of Guarantor						Amount Outstanding	
Occupation		Employer Name and Address (Number, Street, City, State and Zip Code)				Aggregate Year-to-Date	
2 Name and Address of Guarantor						Amount Outstanding	
Occupation		Employer Name and Address (Number, Street, City, State and Zip Code)				Aggregate Year-to-Date	
Name and Address of Lender		Original Loan Amount	New Loan this Period	Total Amount of Loan Plus Interest	Outstanding Balance this Period		
		Payments this Period	Amount	Check No(s)	Date(s)		
Occupation		Terms	Date Incurred	Date Due	Annual Interest Rate		
Employer Name and Address (Number, Street, City, State and Zip Code)						Aggregate Year-to-Date	
1 Name and Address of Guarantor						Amount Outstanding	
Occupation		Employer Name and Address (Number, Street, City, State and Zip Code)				Aggregate Year-to-Date	
2 Name and Address of Guarantor						Amount Outstanding	
Occupation		Employer Name and Address (Number, Street, City, State and Zip Code)				Aggregate Year-to-Date	
1 TOTAL NEW LOANS, THIS PERIOD (Complete this line on the last page used Carry forward to Page 2, Line 9, Column A)							
2. TOTAL AMOUNT OF LOANS PLUS INTEREST, THIS PERIOD							
3 TOTAL LOAN PAYMENTS, THIS PERIOD (Complete this line on the last page used Carry forward to Page 2, Line 17, Column A)							
4 TOTAL OF ALL OUTSTANDING LOANS PLUS INTEREST (Complete this line on the last page used Carry back to Page 10, "Schedule F", Line 1)				0			

ADJUSTMENT SCHEDULE - REFUND OF CONTRIBUTIONS

Page No _____ of _____

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED
Use a separate "ADJUSTMENT SCHEDULE" for each separate account

Committee Name BELMAR DEMOCRATIC COMMITTEE

Account Name MAIN BANK ACCOUNT

IF A MONETARY CONTRIBUTION IN EXCESS OF THE CONTRIBUTION LIMIT IS DEPOSITED, PLEASE REPORT THE REFUND OF THE EXCESS AMOUNT ON THIS ADJUSTMENT SCHEDULE

Payment Date	Check No	Payee Name and Address	Refunded Amount

1 TOTAL REFUND OF CONTRIBUTIONS, THIS PERIOD (Complete this line on the last page used Carry forward to Page 2, Line 4, Column A) ①

ITEMIZED OPERATING DISBURSEMENTS		SCHEDULE C	Page No	of
PLEASE TYPE OR PRINT PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED Use a separate "SCHEDULE C" for each separate account				
Committee Name BELMAR DEMOCRATIC COMMITTEE				
Account Name MAIN BANK ACCOUNT				
Payee or Creditor Name, Address (Number, Street, State, City, State and Zip Code)	Purpose*	Amount(s) Disbursed this Period	Transaction Dates	Check No(s)
*Legislative Leadership Committees - See instructions concerning permissible uses of funds				
CONSTANT CONTACT RESOUIR PLACE 1601 TRAPPOLO RD. WALTHAM, MA 02451	PUBLIC RELATIONS MARKETING	\$ 110 + 55 + 55 + 55	for News Pac 11/21/15 1/28/15 3/2/15 7/30/15	ETF
PIPES + DRUMS OF JERSEY SHORE	SWEARING IN CEREMONIES	\$ 500	7/30/15 1/4/15	1068
MARLENE RYAN BELMAR, NJ 07719	MIKE RYAN'S RETIREMENT DINNER	\$ 480	1/9/15	1069
GARY SCHAFFER BELMAR, NJ 07719	ENTERTAINMENT BAND FOR VICTORY PARTY	\$ 750	1/26/15	1070
COAST STAR BROAD ST MANASQUAN, NJ 08726	GO FOR DEMOCRATIC MEETING	\$ 15.94	2/24/15	1071 1071
KINTECH PO BOX 1005 WALL, NJ 07719	NEWSLETTER PRINTING	\$ 695.15	2/24/15	1072 1072
BELMAR ST PATRICKS PARADE	DONATION	\$ 500	2/23/15	1074
POST MASTER MAIN ST BELMAR, NJ 07719	NEWSLETTER MAILING	\$ 784.16	2/24/15	1072
FRIENDLY SONS OF ST PATRICK BELMAR, NJ 07719	JERRY LYNCH HONOR DINNER	\$ 300	3/4/15	1075
AG DESIGNS 9th AVE BELMAR, NJ 07719	WEBSITE + FACEBOOK CREATION + MAINTENANCE	\$ 500 + 500	1/25/15 2/25/15	PAY PAL / ETF
1 SUBTOTAL (Add all disbursements listed on this page)			5419.75	
2 TOTAL DISBURSEMENTS, THIS PERIOD (Complete this line on the last page used Carry forward to Page 2, Line 14, Column A)			5419.75	

PLEASE TYPE OR PRINT PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED
 Use a separate "SCHEDULE D" for each separate account and each separate recipient type

- New Jersey Gubernatorial Candidates/Committees New Jersey Legislative Candidates/Committees
 All Other Candidates/Committees

Committee Name **BELMAR DEMOCRATIC COMMITTEE**

Account Name **MAIN BANK ACCOUNT**

Recipient Name and Address (Number and Street, City, State, Zip Code)	Election Date District or County or Municipality	Check		Amount of each Contribution
		No(s)	Date(s)	

1 SUBTOTAL (Add all contributions made to each recipient type listed on this page)

2 TOTAL, THIS RECIPIENT TYPE, THIS PERIOD (Complete this line on the last page used for each recipient type Carry forward to Page 2, either Line 15a, Line 15b, or Line 15c, Column A) 0

ITEMIZED EXPENDITURES MADE AND INCURRED ON BEHALF OF CANDIDATES/COMMITTEES	SCHEDULE E	Page No 1	of 1
PLEASE TYPE OR PRINT PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED Use a separate "SCHEDULE E" for each separate account and each separate recipient type			
<input type="checkbox"/> New Jersey Gubernatorial Candidates/Committees		<input type="checkbox"/> New Jersey Legislative Candidates/Committees	
<input type="checkbox"/> All Other Candidates/Committees		<input type="checkbox"/> Independent Expenditures	
Committee Name			
Account Name			
Payee Name and Address (Number, Street, City, State and Zip Code)	Purpose	Amount(s) this Period Incurred/Not Paid Disbursed	Transaction Date(s) Check No(s)
ALLOCATION OF EXPENDITURES BENEFITING CANDIDATE(S)/COMMITTEE(S)			
Candidate/Committee Name	Election Date	District or County or Municipality	Pro-Rated Amount
Payee Name and Address (Number, Street, City, State and Zip Code)	Purpose	Amount(s) this Period Incurred/Not Paid Disbursed	Transaction Date(s) Check No(s)
ALLOCATION OF EXPENDITURES BENEFITING CANDIDATE(S)/COMMITTEE(S)			
Candidate/Committee Name	Election Date	District or County or Municipality	Pro-Rated Amount
1 SUBTOTAL (Add all disbursements made to each recipient type listed on this page)			
2 TOTAL DISBURSEMENTS, THIS PERIOD (Complete this line on the last page used for each recipient type Carry forward to Page 2, either Line 16a, Line 16b, or Line 16c, Column A)		0	
3 SUBTOTAL (Add all outstanding obligations incurred/not paid, listed on this page)			
4 TOTAL OUTSTANDING OBLIGATIONS INCURRED/NOT PAID (Complete this line on the last page used Carry back to Page 10, "Schedule F", Line 2)		0	

PLEASE TYPE OR PRINT PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED
 Use a separate "SCHEDULE F" for each separate account

Committee Name BELMAA DEMOCRATIC COMMITTEE

Account Name MAIN BANK ACCOUNT

Creditor Name and Address (Number, Street, City, State, and Zip Code)	Outstanding Beginning Balance this Period	Amount Incurred this Period	Payments this Period	Outstanding Balance this Period
Debt Purpose				
Debt Purpose				
Debt Purpose				
Debt Purpose				

SUMMARY OF DEBTS AND OBLIGATIONS	
1 TOTAL OUTSTANDING LOANS PLUS INTEREST FROM SCHEDULE B, PAGE 5, LINE 4	
2 TOTAL OUTSTANDING OBLIGATIONS INCURRED/NOT PAID ON BEHALF OF CANDIDATES/COMMITTEES FROM SCHEDULE E, PAGE 9, LINE 4	
3 TOTAL OUTSTANDING OBLIGATIONS, SCHEDULE F (Complete this line on the last page used)	①
4. TOTAL OUTSTANDING DEBTS/OBLIGATIONS OWED BY COMMITTEE (Add lines 1, 2 and 3 Carry forward to front page, Line 10)	②

DEBTS AND OBLIGATIONS OWED TO COMMITTEE (Accounts Receivable)		SCHEDULE G	Page No <u>1</u> of <u>1</u>		
PLEASE TYPE OR PRINT PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED. Use a separate "SCHEDULE G" for each separate account					
Committee Name <u>BELMAR DEMOCRATIC COMMITTEE</u>					
Account Name <u>MAIN BANK ACCOUNT</u>					
Debtor Name and Address (Number, Street, City, State, and Zip Code)		Balance Due at beginning of this Period	New Amount this Period	Total Amount Received this Period	Balance Due at Close of this Period
Date Debt Incurred	Debt Description				
Date Debt Incurred	Debt Description				
Date Debt Incurred	Debt Description				
Date Debt Incurred	Debt Description				
SUMMARY OF DEBTS AND OBLIGATIONS					
1. SUBTOTAL (Add all debts and obligations owed to committee listed on this page)					
2 TOTAL DEBTS AND OBLIGATIONS OWED TO COMMITTEE (Complete this line on the last page used Carry forward to front page, Line 8)					