



RECEIPTS AND EXPENDITURES QUARTERLY REPORT

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

FORM R-3
FOR STATE USE ONLY
ELEC RECEIVED
JUL 16 2015

PLEASE TYPE OR PRINT

Committee Name or Approved Acronym: BELMAR DEMOCRATIC COMMITTEE
Address: 1017 14th AVE
City, State, Zip Code: BELMAR, NJ 07719
ELEC Identification Number: H1307000311 6/2015
Committee Type: [X] CPC [] PPC [] LLC
Check if: [] Amendment [X] First Report Filed
Report Quarter: [] Apr 15 [X] 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: Description, From, Through, Column A (This Report), Column B (Calendar Year-to-Date). Rows include Cash on Hand, Monetary Receipts, Subtotal, and Monetary Expenditures.

Table with 2 columns: Description, Column B (Calendar Year-to-Date). Rows include Cash on Hand, Debt owed to Committee, Subtotal, Debt Owed by 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.

Treasurer Certification form with fields for DATE (7/10/15), PRINT NAME (JANET GROSSHANDLER), ADDRESS (PO BOX 787, 701 OCEAN AVE, APT 11), and SIGNATURE (Janet Grosshandler). Includes phone numbers: 732-773-0097.

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	132	132
2 Contributions, more than \$300 (Schedule A)	2500	2500
2a Currency Contributions (Schedule A)	0	0
3 Total (Add lines 1, 2 and 2a)	2632	2632
4 Refund of Contributions (Adjustment Schedule) (-)	0	0
5 Subtotal (Subtract line 4 from line 3)	2632	2632
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)	2632	2632
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)	2632	2632
TABLE II EXPENDITURES		
14 Operating Disbursement (Schedule C)	1695	7114.75
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)	1695	7114.75
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)	1695	7114.75

DEPOSITORY SUMMARY - PLEASE TYPE OR PRINT PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED			
Committee Name BELMAR DEMOCRATIC COMMITTEE			
BANK ACCOUNT INFORMATION			
1 Name of Bank REAL NY BANK		(Area Code) Telephone Number 732-280-5400	
Mailing Address 611 MAIN ST			
City, State, Zip Code BELMAR, NJ 07719			
Account Name			
Opening Balance this Period 1076.35	Deposits this Period 2632	Disbursements this Period 1695	Closing Balance this Period 2013.35
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
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
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
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 <input type="checkbox"/> Money Market <input type="checkbox"/> C D <input type="checkbox"/> Mutual Fund <input type="checkbox"/> Bonds <input type="checkbox"/> Stocks <input type="checkbox"/> 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

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 SCUTARI FOR SENATE		Contributor Address (Number and Street) 12 CELLAR AVE.		
Occupation POLITICAL COMMITTEE		City, State, Zip Code CLARK, NJ 07066		
Employer Name SELF		Date(s) Received this Period	Amount(s) Received this Period	
Employer Address		6/20/15	2500	
City, State, Zip Code				
Receipt Description (If In-Kind)		Aggregate Year-to-Date 2500		
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)		2500		
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)		2500		

LOANS RECEIVED		SCHEDULE B		Page No 1 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 BELMAN 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)					

ADJUSTMENT SCHEDULE - REFUND OF CONTRIBUTIONS

Page No 1 of 1

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)



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)
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*Legislative Leadership Committees - See instructions concerning permissible uses of funds

CONSTANT CONTACT RESEVOIR PLACE 1001 TRAPOLO RD WALTHAM, MA 02451	PUBLIC RELATIONS MARKETING	4/28/15 5/28/15 6/29/15	\$55 55 55	ETF
AG DESIGNS 90 AVE BELMAR, NJ 07719	WEBSITE FACEBOOK MAINTENANCE	4/17/15	\$500	PAY PAL ETF
KEARNY BANK FEES 611 MAIN ST BELMAR NJ 07719	BANK FEES	4/30/15 5/29/15 6/30/15	\$10 10 10	DEBIT
MAYORS BALL MAIN ST / BORO HALL BELMAR, NJ 07719	DONATION	6/29/15	\$1000	1076

1 SUBTOTAL (Add all disbursements listed on this page)	\$1695
2 TOTAL DISBURSEMENTS, THIS PERIOD (Complete this line on the last page used Carry forward to Page 2, Line 14, Column A)	\$1695

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)

ITEMIZED EXPENDITURES MADE AND INCURRED ON BEHALF OF CANDIDATES/COMMITTEES	SCHEDULE E	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 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 <u>BELMAR DEMOCRATIC COMMITTEE</u>				
Account Name <u>MAIL BANK ACCOUNT</u>				
Payee Name and Address <small>(Number, Street, City, State and Zip Code)</small>	Purpose	Amount(s) this Period <small>Incurred/Not Paid Disbursed</small>	Transaction <small>Date(s)</small>	Check <small>No(s)</small>
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 <small>(Number, Street, City, State and Zip Code)</small>	Purpose	Amount(s) this Period <small>Incurred/Not Paid Disbursed</small>	Transaction <small>Date(s)</small>	Check <small>No(s)</small>
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)				
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)				

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

Committee Name **BELMAR 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)				
4 TOTAL OUTSTANDING DEBTS/OBLIGATIONS OWED BY COMMITTEE (Add lines 1, 2 and 3 Carry forward to front page, Line 10)				

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

Committee Name **BELMAN DEMOCRATIC COMMITTEE**

Account Name **MAIN BANK ACCOUNT**

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				
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)	